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Bedfordshire County Council

REPORT

of the

Medical Officer of Health

for

1959



BEDFORD
HENRY BURT & SON LTD



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CONTENTS

	PAGE
INTRODUCTION	2
HEALTH COMMITTEE	4
STAFF OF HEALTH DEPARTMENT	5
 SECTION I: STATISTICS	
Extracts from Vital Statistics for 1959	8
Population	9
Births	10
Deaths	13
Cancer	18
Maternal Mortality	19
Infant Mortality	19
 SECTION II: GENERAL PROVISION OF HEALTH SERVICES IN THE AREA	
Administration	22
Care of Mothers and Young Children	23
Dental Care	31
Welfare Foods	32
Midwives Service	33
Health Visiting	35
Home Nursing	35
Vaccination and Immunisation	36
Ambulance Service	39
Prevention of Illness: Care and After-Care	41
Occupational Therapy	42
Problem Families	43
Health Education	44
Domestic Help Service	45
Mental Health Service	46
 SECTION III: PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES	
Notifiable Diseases	56
Poliomyelitis	57
Infective Hepatitis	59
Tuberculosis	60
Mass Radiography	62
Venereal Diseases	62
 SECTION IV: INSPECTION AND SUPERVISION OF FOOD	
Food Inspection	66
Milk	66
Ice Cream	68
Other Samples	69
Merchandise Marks Acts	70
Waste Foods	70
 SECTION V: MISCELLANEOUS	
Blind Persons	74
Epileptics	77
Cerebral Palsy	78
Nursing Homes	80
Nurses Agencies	80
Civil Defence Ambulance and Casualty Collecting Section	80
Swimming Baths	80
 APPENDIX	
Proposals for Mental Health Service	82

To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1959.

During the year two female medical officers resigned, in each case for family reasons. Both had made distinct contributions to the services of the Authority and it was with regret that their resignations were received. They were succeeded by two male medical officers. There were changes, too, in the nursing services. Miss E. L. Hunter, the Deputy Superintendent Health Visitor, resigned her appointment towards the end of the year on being appointed Superintendent Health Visitor to the Devon County Council. During her time with us she did much to introduce Health Visitors to the new and wider conception of their duties.

The population continued to increase. The "home" population in 1959 reached 350,700; in 1958 it was 344,000, while in 1948 the civilian population was only 298,715.

The *Vital Statistics* continue to compare very favourably with those for England and Wales, but it is regrettable to have to report that, compared with the very low figures for previous years, there were increases in the Infant Mortality, Stillbirth and Maternal Mortality rates.

With regard to *Causes of Death*, the old order changes but little. Heart Disease and Cancer still head the list, but "Accidents" has now risen to sixth place.

Details of the *Services* are given in the text. All, save the dental, were adequately maintained but there was pressure at several points. For example, there is considerable difficulty in recruitment to the Local Authority dental service, and patients are tending more and more to go to private dental practitioners. It may well be that this fact should not cause much concern. The essential is that every person shall have an opportunity of securing and maintaining dental fitness and simply from this point of view it does not seem to matter which branch of the National Health Service undertakes the work. The *Midwifery and Nursing Services* were fully extended, and I am grateful to the Chief Nursing Officer for her ingenious deployment of staff to meet emergencies, and to the nurses who co-operated so well. It is disappointing, however, that from time to time a village which has enjoyed the advantage of a resident nurse is, owing to a resignation and inability to replace immediately, without one for some time, and has to be served by nurses from adjacent areas.

There is an increasing call on the Nursing Service by the aged. No less than 45 per cent of the patients attended were 65 years of age and over, and the average number of visits paid to each of these patients was 35 compared with 13 to those under 65 years of age. The *Domestic Help Service* faced a similar call for help and the establishment was increased to meet it. Over half those attended were of the chronic sick type, including the aged and infirm. Assistance of this and other kinds is very necessary if aged people are to live in reasonable comfort in their own homes. Gradually, the scope of the *Health Visitor's* activities has been increased. The main growing points have been after-care, problems of the elderly and socio-medical work. Following the publication of the Younghusband Report last year, some doubts have arisen as to the Health Visitor's future. It may be well, therefore, to give the following quotations from "An Inquiry into Health Visiting" which is the report, published in 1956, of a working party appointed by the Minister on the field of work, training and recruitment of health visitors. "Looking at the services with which we are concerned, it seems to us that, over the field of families at risk, the problems confronting a general family visitor are more likely than not to be concerned with the prevention of ill-health or ill-health itself. If we

right, it seems obvious that a visitor with both a 'medical' and a 'social' background would have the advantage. We should not, therefore, think it desirable to expect workers without that type of experience to undertake the work." Again, "In this work she needs to take full account of the physical, social and psychological factors in the family situation that affect the quality of her advice, so far as she can ascertain them." That there is need for other workers in local authority services is not contested, but it is felt that the Health Visitor by her training is the most suitable person to undertake general socio-medical work. She has an entrée to the homes of families which is not likely to be enjoyed to the same degree by most other social workers.

The *Vaccination and Immunisation Services* continue to save many lives. The substantial increase in the number of infants vaccinated against smallpox is very welcome. The problem of determining the best timetable for administering the several antigens and of combining certain of them is still under discussion. There has been an important step in the preparation of poliomyelitis vaccine. An oral vaccine containing attenuated live poliomyelitis virus has been developed and trials are to be made of it in a number of places, including Bedford. The vaccine at present in use is highly effective, but has certain deficiencies which the oral vaccine may remove.

The text of the report contains a detailed statement on the working of the *Mental Health Service* during a year which was distinguished by the passing of the Mental Health Act, 1959. The Authority's scheme to implement the Act is given as an appendix. It is one which over the years will do much to increase the mental well-being of a large number of people.

The previous paragraphs have dealt with what may be regarded as routine services, but the department was engaged on other important matters as well. For example, an investigation into atmospheric pollution in an area of mid-Bedfordshire was carried on throughout the year. It will cease at the end of May. Again, much thought had to be given to matters arising under the Local Government Act, 1958.

During the year the department again made facilities available for the training of persons from other authorities, and certain of its officers were allowed to accept invitations to serve on national committees.

Each year I find myself concluding the introduction to the Report by thanking all those who in one way or another have facilitated the administration of the Health Services. This is no mere formality. Without the help and cooperation of a large number of persons and bodies the services could not have reached their present state. This year I should like particularly to thank the Chairman and members of the Health Committee for the great amount of time and thought they gave to the suggestions made for meeting the requirements of the new Mental Health Act. Associated with them in this work were members and officers of the hospital and general practitioner services. I am grateful to them also. With regard to staff, the activities of the year were such as to keep all, professional and lay, fully occupied. In expressing my thanks to them for all that they have done I must make mention of Mr. J. H. W. Brothwood, the Health Education and Statistics Officer, who was again mainly responsible for the compilation of this Report.

I have the honour to be

Your obedient servant,

W. C. V. BROTHWOOD,
County Medical Officer.

HEALTH DEPARTMENT,
DENIX CHAMBERS,
HIGH STREET, BEDFORD.
Telephone: Bedford 68211
May, 1960.

HEALTH COMMITTEE 1959-1960

Chairman: Alderman H. R. Waller, M.B.E., J.P., D.L.

Vice-Chairman: Alderman T. E. S. Lloyd, M.A., M.B., B.Chir.

Ex-Officio: Alderman Sir Frederick Mander, J.P.

Alderman E. K. Martell

Aldermen

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Miss D. M. Mann	Mrs. A. Urwin

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Mrs. D. Clarke, J.P.	C. Sheffield
G. W. Cooper	J. Simpson
W. M. Doyle	R. T. Webb
F. A. Jarvis	Miss J. Williams
B. Leach	F. S. R. Wright
R. Lester	J. Wynn Williams
F. C. Lines	

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 L. C. Brough, M.D.
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 R. D. Cameron
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 Mrs. E. A. Newton
 R. C. Oakley
 Mrs. P. E. Simmonds
 H. J. Weller, J.P.

Divisional Committee Chairmen

Northern: Alderman P. R. Smith, J.P.
 Eastern: Alderman L. Chambers
 Southern: Councillor C. Sheffield
 Luton: R. J. Clark

STAFF 1959*County Medical Officer of Health*

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

Deputy County Medical Officer of Health

C. A. HARVEY, M.B., Ch.B., D.P.H.

Divisional Medical Officers

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.

R. M. DYKES, M.A., M.D., D.P.H.

C. A. HARVEY, M.B., Ch.B., D.P.H.

C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers and School Medical Officers

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

MARGARET S. BROTHWOOD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
(resigned 31.10.59)

R. DARLOW, T.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.,
D.T.M. & H. (apptd. 1.11.59)

R. G. HENDRY, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

DORA S. JAMES, M.B., B.S., D.Obst. R.C.O.G.

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

G. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(apptd. 1.9.59)

CICELY STEER, M.B., B.S., D.C.H.

ISOBEL R. S. TROUP, M.B., Ch.B., D.P.H.
(resigned 31. 8. 59)

Chest Physicians (part-time)

J. B. SHAW, M.D., B.A.O., D.P.H.

N. R. WYNN-WILLIAMS, M.B., B.S., M.R.C.P.

Senior Dental Surgeon

R. B. T. DINSDALE, L.D.S.

Dental Surgeons

A. P. ATKINS, L.D.S. (part-time)

F. BRABINGTON-PERRY, L.D.S.R.C.S. (part-time)

A. A. GARDNER, B.Dent.Sc.

P. A. McGUICKIN, L.D.S. (part-time)
(resigned 31.1.59)

H. H. REVILL, L.D.S.R.C.S.

FRANCES D. MORRIS, L.D.S.R.F.P.S. (Glas.) (part-time)
(apptd. 2.2.59)

STAFF—*continued**Chief Nursing Officer*

FLORENCE M. TOMBS, S.R.N., S.C.M., H.V's. Cert.

*Deputy Superintendent Health Visitor*ELIZABETH L. HUNTER, S.R.N., H.V's. Cert.
(resigned 30.11.59)*Assistant Non-Medical Supervisor of Midwives and Home Nurses*

WINNIE FROST, S.R.N., S.C.M., H.V's. Cert.

Divisional Nursing Officer

EDNA M. LEE, S.R.N., S.C.M., H.V's. Cert.

County Health Inspector

R. E. N. THOMAS, T.D., F.R.S.H., M.A.P.H.I., M.R.I.P.H.H.

County Analyst

J. S. LEA, B.Sc., A.R.I.C.

Health Education and Statistics Officer

C. J. GUY, D.P.A., F.S.S.

Senior Mental Welfare Officer

C. W. FRENCH (Psychiatric Social Worker)

*Occupational Therapists*MARY H. GRIFFITH, M.A.O.T.
DAPHNE SMITH, M.A.O.T.*County Ambulance Superintendent*

J. P. WILLEY, M.B.E.

Chief Clerk

S. P. MARRIOTT

SECTION I



STATISTICS

EXTRACTS FROM VITAL STATISTICS FOR 1959

LIVE BIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	3,382	3,090	6,472
Illegitimate	...	...	...	185	141	326
				<u>3,567</u>	<u>3,231</u>	<u>6,798</u>

Crude live birth rate per 1,000 estimated home population 19.4

STILLBIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	71	61	132
Illegitimate	...	...	...	3	3	6
				<u>74</u>	<u>64</u>	<u>138</u>

Stillbirth rate per 1,000 total (live and still) births ... 19.9
 Total number of live and stillbirths ... 6,936

INFANT DEATHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	70	58	128
Illegitimate	...	...	...	2	4	6
				<u>72</u>	<u>62</u>	<u>134</u>

Infant mortality rate (all infant deaths per 1,000 live births) 19.7
 Legitimate infant mortality rate ... 19.8
 Illegitimate infant mortality rate ... 18.4

NEO-NATAL DEATHS*:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	50	41	91
Illegitimate	...	...	...	2	4	6
				<u>52</u>	<u>45</u>	<u>97</u>

Neo-natal mortality rate per 1,000 live births ... 14.3
 Early neo-natal mortality rate (i.e. deaths under one week) 12.2
 Perinatal mortality rate (stillbirths and deaths under one week
 per 1,000 total births) ... 31.9

*Within first four weeks of life.

LEGITIMATE BIRTHS:

Illegitimate live births per cent of total live births	...	4.8
--	-----	-----

INTERNAL DEATHS:

No. of deaths	...	...	...	...	...	3
Maternal mortality rate per 1,000 live and stillbirths	...	...	...	...	...	0.43

GENERAL INFORMATION

The area of the geographical and administrative County at the end of 1959 was approximately 302,940 acres (474 square miles). Its greatest length is from North to South and is $36\frac{1}{2}$ miles; its greatest breadth is 12 miles from East to West. The County contains no County Boroughs and includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1959, the rateable value was £5,029,038. The product of a penny rate for 1958-59 was, for general County purposes, £5,782. The estimated figure for 1959-60 is £20,601.

POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1959 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home populations". The estimated home populations of the County Districts at the 30th June, 1959, were as follows:—

Administrative County	...	...	350,700
Urban Districts	...	...	238,800
Ampthill	...	...	3,560
Bedford M.B.	...	...	60,190
Biggleswade	...	...	8,060
Dunstable M.B.	...	...	22,320
Kempston	...	...	9,260
Leighton Buzzard	...	...	11,030
Luton M.B.	...	...	120,500
Sandy	...	...	3,880
Rural Districts	...	...	111,900
Ampthill	...	...	24,680
Bedford	...	...	32,950
Biggleswade	...	...	27,470
Luton	...	...	26,800

There is reason to believe that the number of Service personnel stationed in the County fluctuates considerably. Their inclusion makes useful comment on the population figures difficult. However, it may be stated that Biggleswade Urban and Rural Districts and Kempston Urban District showed slight decreases while all the other districts showed increases, notably Dunstable and Luton Boroughs and Luton Rural District.

BIRTHS

6,798 live births attributable to Bedfordshire residents were registered during 1959. The distribution of these births amongst the County Districts is shown in Table I.

As the number of births in any area is largely governed by the number of married women of child-bearing age, it follows that crude birth rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the populations concerned is the same. To overcome this difficulty the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth rate* is obtained which is comparable with the adjusted birth rate of any other area in the same year. The crude and adjusted birth rates based on the *home* populations for each of the county districts are shown in Table I.

Table II shows the crude birth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the last sixteen years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years since.

The crude birth rate for the County in 1959 was 19.4, compared with 18.3 for 1958. Thus the upward trend since the low figure of 14.6 in 1952 continued. The national rate also increased, being 16.5 in 1959 compared with 16.4 in the previous year.

It should be noted that the rates for England and Wales are calculated as the births *occurring* during the year per 1,000 of the population. As, however, most births are now registered soon after they occur, there is unlikely to be any appreciable difference between the number of births occurring and the number registered in a year.

ILLEGITIMATE BIRTHS

There were 326 illegitimate live births registered in 1959. These constituted 4.8 per cent of the total live births, compared with 4.6 per cent in 1958. Of the 138 stillbirths, six were illegitimate. During the year, six illegitimate infants under one year of age died, giving an illegitimate infant mortality rate of 18.4 per 1,000 illegitimate live births. The figures are, however, so small that no great significance can be attached to them. The legitimate infant mortality rate was 19.8.

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Ampthill ...	58	4	62	17.4	17.4	1	—	1	16.1	1	1	2	31.3
Bedford ...	1,099	59	1,158	19.2	18.4	9	—	9	7.8	20	—	20	17.0
Biggleswade ...	113	6	119	14.8	14.2	2	—	2	16.8	5	—	5	40.3
Dunstable ...	459	19	478	21.4	19.7	16	—	16	33.5	15	—	15	30.4
Kempston ...	153	6	159	17.2	18.4	3	—	3	18.9	2	1	3	18.5
Leighton Buzzard ...	231	8	239	21.7	20.2	7	—	7	29.3	5	—	5	20.5
Luton ...	2,274	138	2,412	20.0	20.0	52	3	55	22.8	39	3	42	17.1
Sandy ...	51	3	54	13.9	14.2	1	—	1	18.5	—	—	—	—
TOTALS ...	4,438	243	4,681	19.6	19.2	91	3	94	20.1	87	5	92	19.3
RURAL:													
Ampthill ...	373	19	392	15.9	16.1	6	—	6	15.3	7	—	7	17.5
Bedford ...	599	23	622	18.9	22.5	17	1	18	28.9	12	—	12	18.9
Biggleswade ...	410	16	426	15.5	14.9	3	1	4	9.4	9	—	9	20.7
Luton ...	652	25	677	25.3	23.5	11	1	12	17.7	17	1	18	25.9
TOTALS ...	2,034	83	2,117	18.9	20.0	37	3	40	18.9	45	1	46	21.3
GRAND TOTALS ...	6,472	326	6,798	19.4	19.4	128	6	134	19.7	132	6	138	19.9

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,
WHOLE COUNTY AND ENGLAND AND WALES 1944-59

YEAR	CRUDE BIRTH RATES PER 1,000 POPULATION*					INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales†		Urban Districts	Rural Districts	Whole County	England and Wales	Urban Districts	Rural Districts	Whole County	England and Wales‡
1944	21.8	18.9	20.9	19.9		34.3	37.8	35.2	45.4	27.9	30.6	28.7	27.7
1945	18.9	17.2	18.4	17.8		33.4	35.8	34.1	46.0	27.0	25.3	26.5	27.6
1946	19.3	18.3	19.0	20.2		35.2	32.7	34.5	42.9	31.6	24.3	29.6	27.2
1947	20.9	19.5	20.5	21.1		32.1	27.0	30.7	41.4	21.2	23.5	21.8	24.1
1948	17.6	17.4	17.5	18.1		29.2	31.4	29.8	33.9	20.3	18.2	19.7	23.2
1949	16.3	17.3	16.7	16.9		27.2	25.4	26.6	32.4	23.5	24.2	23.7	22.7
1950	15.6	15.4	15.5	15.9		24.0	28.2	25.3	29.6	26.9	24.9	26.3	22.6
1951	15.7	14.0	15.2	15.5		28.3	22.8	26.6	29.7	23.6	23.6	23.6	23.0
1952	14.9	14.2	14.6	15.3		23.2	26.1	24.1	27.6	23.0	24.2	23.3	22.7
1953	15.2	14.7	15.0	15.5		26.8	19.6	24.5	26.8	24.1	19.8	22.7	22.4
1954	15.3	15.4	15.3	15.2		26.7	26.1	26.5	25.4	26.6	20.0	24.4	23.5
1955	15.2	15.8	15.4	15.0		18.2	17.8	18.0	24.9	21.3	16.3	19.7	23.2
1956	17.0	15.4	16.5	15.7		22.1	22.6	22.2	23.8	21.3	26.1	22.8	23.0
1957	17.5	17.5	17.5	16.1		22.3	24.5	23.0	23.1	20.6	23.4	21.5	22.5
1958	18.9	17.1	18.3	16.4		17.4	19.7	18.1	22.5	19.3	15.2	18.1	21.6
1959	19.6	18.9	19.4	16.5		20.1	18.9	19.7	22.0	19.3	21.3	19.9	20.7

STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from the mother, breathe or show any other sign of life. It will be seen in Table I that there were 138 stillbirths attributable to Bedfordshire residents during 1959, giving a stillbirth rate of 19·9 per 1,000 total births (live and stillborn), compared with 18·1 for 1958, the lowest rate ever recorded for the County. Table II shows the stillbirth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past sixteen years. Illegitimate stillbirths constituted 4·3 per cent of the total in 1959, compared with 3·4 per cent in 1958.

DEATHS

As has already been stated, the figures of population include Service personnel stationed in the area. It follows, therefore, that the death of a serviceman should be ascribed to the area in which he is stationed. Together, 3,547 deaths attributable to Bedfordshire were registered in 1959. Table III shows the age distribution of the deaths registered in the County from 1948 to 1959.

TABLE III—AGE DISTRIBUTION OF DEATHS IN BEDFORDSHIRE, 1948-59

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228
1953	118	14	11	178	671	2,094	3,086
1954	130	6	17	181	730	2,145	3,209
1955	90	18	11	163	800	2,340	3,422
1956	121	11	20	178	738	2,405	3,473
1957	135	19	14	161	801	2,292	3,422
1958	114	21	16	160	766	2,282	3,359
1959	134	12	24	193	771	2,413	3,547

DEATH RATES

The death rate is calculated as the number of deaths per 1,000 of the population. The rate for Bedfordshire in 1959 was 10·1 compared with 9·8 in 1958. Comparison of death rates of different districts is not valid unless the population structure of each is similar. For example, a district with a small population but containing a residential institution for the aged will have an unduly high proportion of deaths and consequently

a high crude death rate. To overcome this difficulty and to enable local death rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death rate is multiplied by this factor, an *adjusted death rate* is obtained which is comparable with the adjusted death rate of any other area or with the crude death rate of England and Wales *in the same year*. The crude death rates, area comparability factors and adjusted death rates of the Sanitary Districts and of England and Wales for 1959 are shown in Table IV.

CAUSES OF DEATH

The causes of death in the Sanitary Districts and the County as a whole are shown in Table V. Table VI shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VII has been prepared, showing the actual number of deaths from these diseases and from accidents of all kinds in 1959, together with the percentages of the total number of deaths attributable to them. The corresponding percentages for 1957 and 1958 are also shown.

TABLE IV—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE SANITARY DISTRICTS AND ENGLAND AND WALES, 1959

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
Urban Districts ...	10.0	1.12	11.1
Ampthill ...	14.0	0.83	11.7
Bedford M.B. ...	9.6	1.02	9.8
Biggleswade ...	14.5	0.78	11.3
Dunstable ...	10.1	1.29	13.1
Kempston ...	10.1	1.06	10.8
Leighton Buzzard ...	7.8	1.16	9.0
Luton M.B. ...	9.8	1.19	11.6
Sandy ...	11.9	0.99	11.7
Rural Districts ...	10.5	0.98	10.2
Ampthill ...	12.0	0.94	11.3
Bedford ...	11.0	0.91	10.0
Biggleswade ...	10.7	0.90	9.6
Luton ...	8.1	1.22	9.9
Admin. County ...	10.1	1.07	10.8
England and Wales ...	11.6	1.00	11.6

TABLE V—CAUSES OF DEATH IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1959

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory ...	12	—	1	1	3	—	1	4	1	11	1	—	—	—	1
2. Tuberculosis, Other ...	2	—	—	—	—	—	—	1	—	1	—	1	—	—	1
3. Syphilitic Disease ...	11	1	2	—	—	—	—	6	—	9	1	—	—	1	2
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—
9. Other Infective and Parasitic Diseases	12	—	4	—	—	—	2	2	—	8	2	1	1	—	4
Malignant Neoplasm—															
10. Stomach ...	89	—	11	4	6	2	5	34	1	63	7	12	3	4	26
11. Lung, Bronchus ...	121	1	23	2	8	2	3	46	—	85	13	11	7	5	36
12. Breast ...	64	2	14	5	5	—	—	21	3	50	4	5	2	3	14
13. Uterus ...	32	1	3	1	—	1	—	16	—	22	4	2	1	3	10
14. Other Malignant and Lymphatic Neoplasms ...	351	2	68	14	20	7	12	107	6	236	28	32	24	31	115
15. Leukaemia, Aleukaemia ...	23	—	4	2	2	2	—	8	1	19	1	2	1	—	4
16. Diabetes ...	26	—	6	—	2	1	1	10	—	20	2	2	1	1	6
17. Vascular Lesions of Nervous System	566	7	77	20	32	13	14	200	9	372	45	71	34	44	194
18. Coronary Disease, Angina ...	530	10	92	10	44	18	13	167	9	363	44	47	48	28	167
19. Hypertension with Heart Disease ...	106	1	16	4	3	4	—	40	3	71	4	11	17	3	35
20. Other Heart Disease ...	420	5	50	20	27	13	5	126	5	251	51	39	54	25	169
21. Other Circulatory Disease ...	116	2	23	3	9	3	6	36	1	83	10	11	7	5	33
22. Influenza ...	67	3	8	12	4	1	—	17	1	46	2	9	10	—	21
23. Pneumonia ...	158	4	29	3	9	5	3	58	—	111	9	11	11	16	47
24. Bronchitis ...	176	—	37	3	6	5	2	62	1	116	17	15	18	10	60
25. Other Diseases of Respiratory System	41	—	9	—	—	1	1	18	—	29	3	2	4	3	12
26. Ulcer of Stomach and Duodenum ...	20	—	5	1	3	—	—	7	—	16	—	1	2	1	4
27. Gastritis, Enteritis and Diarrhoea ...	25	1	4	—	2	—	—	10	—	17	1	1	5	1	8
28. Nephritis and Nephrosis ...	17	1	2	—	—	1	—	2	—	6	4	4	1	2	11
29. Hyperplasia of Prostate ...	26	—	6	1	4	—	1	4	—	16	1	7	1	1	10
30. Pregnancy, Childbirth, Abortion ...	3	1	—	—	—	—	—	2	—	3	—	—	—	—	—
31. Congenital Malformations ...	36	2	3	2	3	1	2	15	1	29	2	2	—	3	7
32. Other Defined and Ill-defined Diseases	330	2	49	6	21	8	13	112	1	212	26	44	27	21	118
33. Motor Vehicle Accidents ...	55	1	13	2	5	—	1	12	2	36	6	10	2	1	19
34. All Other Accidents ...	70	3	14	1	4	4	1	16	—	43	6	7	10	4	27
35. Suicide ...	39	—	6	—	4	1	—	19	1	31	2	2	2	2	8
36. Homicide and Operations of War ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
TOTALS: ALL CAUSES ...	3,547	50	579	117	226	94	86	1,179	46	2,377	296	363	293	218	1,170

TABLE VI—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1959, DIVIDED ACCORDING TO SEX AND AGE

CAUSE OF DEATH		URBAN DISTRICTS																RURAL DISTRICTS																		
		MALES									FEMALES							MALES									FEMALES									
		0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—
1. Tuberculosis, Respiratory ...	—	—	—	—	2	2	2	—	6	—	—	—	—	1	2	—	2	5	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
2. Tuberculosis, Other ...	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ...	—	—	—	—	—	2	3	1	6	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ...	1	—	—	1	3	1	1	—	7	—	1	—	—	—	—	—	—	1	—	1	—	1	—	1	—	—	3	—	—	—	1	—	—	—	—	
Malignant Neoplasm—	—	—	—	—	2	17	17	7	43	—	—	—	—	—	2	10	8	20	—	—	—	—	—	4	12	3	19	—	—	—	—	—	1	—	6	
10. Stomach ...	—	—	—	—	2	47	19	7	75	—	—	—	—	—	6	1	3	10	—	—	—	—	1	14	14	3	32	—	—	—	—	—	1	—	3	
11. Lung, Bronchus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	9	19	10	12	50	—	—	—	—	—	—	—	—	—	—	—	—	—	8	5	1		
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	12	4	5	22	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	2		
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Other Malignant and Lymphatic Neoplasms ...	—	1	2	1	8	41	38	33	124	—	—	1	1	8	32	31	39	112	1	—	1	—	6	18	16	21	63	—	—	—	—	2	17	14	19	
15. Leukaemia, Aleukaemia ...	1	—	—	2	—	2	3	2	10	—	—	—	—	3	1	2	3	9	—	—	—	—	—	1	—	1	2	—	—	—	—	—	3	1		
16. Diabetes ...	—	—	—	—	1	1	4	5	11	—	—	—	—	—	2	2	5	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Vascular Lesions of Nervous System ...	—	—	—	—	3	28	46	90	167	—	—	—	—	4	20	55	126	205	—	—	—	—	2	13	19	55	89	—	—	—	—	2	8	29		
18. Coronary Disease, Angina ...	—	—	—	—	9	87	82	65	243	—	—	—	—	1	15	46	58	120	—	—	—	—	3	26	44	31	104	—	—	—	—	—	14	17		
19. Hypertension with Heart Disease ...	—	—	—	1	1	4	12	15	33	—	—	—	—	—	2	13	23	38	—	—	—	—	—	2	2	15	19	—	—	—	—	2	6	8		
20. Other Heart Disease ...	—	—	—	—	6	11	19	64	101	—	—	—	1	3	20	23	103	150	—	—	—	—	2	5	15	40	62	—	—	—	—	13	17			
21. Other Circulatory Disease ...	—	—	—	—	—	12	13	18	43	—	—	—	—	—	3	9	28	40	—	—	—	1	1	3	5	6	16	—	—	—	—	1	2			
22. Influenza ...	1	—	—	—	1	3	9	10	24	—	—	—	—	2	2	7	11	22	—	—	—	—	—	5	5	3	13	—	—	—	—	2	1			
23. Pneumonia ...	11	—	—	—	2	11	6	22	52	8	1	—	1	1	7	6	35	59	2	1	—	—	—	5	3	14	25	1	1	—	—	1	2			
24. Bronchitis ...	2	—	—	—	2	30	26	25	85	1	—	—	—	—	5	10	15	31	1	—	1	—	1	9	15	14	41	—	—	—	—	6	5			
25. Other Diseases of Respiratory System ...	—	—	—	—	—	8	7	4	19	1	—	—	—	1	2	3	3	10	—	—	—	—	—	3	4	2	9	—	—	—	—	—	—	3		
26. Ulcer of Stomach and Duodenum ...	—	—	—	—	1	2	1	6	10	—	—	—	—	—	—	2	4	6	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2			
27. Gastritis, Enteritis and Diarrhoea ...	2	—	—	—	1	1	1	—	5	—	—	—	—	1	2	2	7	12	—	—	—	1	—	1	—	1	3	2	—	—	—	—	1			
28. Nephritis and Nephrosis ...	—	—	—	—	1	1	1	—	3	—	—	—	—	—	1	1	1	3	—	—	—	—	2	2	2	1	7	—	—	—	—	1	—			
29. Hyperplasia of Prostate ...	—	—	—	—	—	1	2	13	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital Malformations ...	9	—	1	1	2	—	1	—	14	11	—	2	—	—	1	—	1	15	—	—	—	—	—	—	—	—	—	5	1	—	—	—	—	—		
32. Other Defined and Ill-defined Diseases ...	25	2	3	—	2	20	12	33	97	20	—	—	2	2	20	14	57	115	16	—	2	—	3	11	9	20	61	12	—	—	—	3	10			
33. Motor Vehicle Accidents ...	—	—	1	7	5	9	2	4	28	—	1	—	—	2	2	1	2	8	—	—	—	6	5	3	—	—	14	—	—	—	1	2	1			
34. All Other Accidents ...	—	—	9	3	6	6	1	3	28	—	—	—	—	1	1	3	10	15	—	—	1	3	3	2	2	14	—	1	—	—	2	2	8			
35. Suicide ...	—	—	—	—	5	9	3	—	17	—	—	—	1	3	8	1	1	14	—	—	—	—	1	3	2	—	7	—	—	—	—	—	—	—		
36. Homicide and Operations of War ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—		
TOTALS: ALL CAUSES	52	4	16	17	65	357	331	427	1,269	42	3	3	7	45	187	257	564	1,108	20	2	5	13	30	136	175	241	622	20	3	—	2	14	91	121		

TABLE VII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES AND ACCIDENTS IN 1959, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THESE CAUSES IN 1957—59

	No. of deaths in 1959	Percentage of total deaths in 1959	Corresponding percentage in	
			1958	1957
Heart Disease	1,056	29·8	31·1	29·9
Cancer (including Leukaemia)	680	19·2	19·7	18·4
Cerebral Haemorrhage, etc.	566	16·0	16·1	15·2
Pneumonia	176	5·0	4·7	4·2
Pneumonia	158	4·5	4·6	5·3
Accidents (all forms) ...	125	3·5	3·2	3·6
Other Circulatory Diseases ...	116	3·3	3·7	4·0

These seven causes have accounted for four-fifths of the deaths in the county in each of the past five years. It will be seen that the order remained almost the same as in 1958 except that for the first time Accidents rose from seventh place to oust Other Circulatory Diseases as a cause of death. Heart Disease again headed the list, being responsible for nearly one-third of all deaths.

ACCIDENTS

Once again accidents of all kinds caused the deaths of over one hundred Bedfordshire residents in 1959. As in previous years, only two-fifths of these deaths were caused by motor vehicles and it may be assumed that, of the remainder, the majority resulted from accidents in and around the home.

Whilst the number of deaths among males aged 5–44 years is small, it is a matter for reflection that half the deaths in the age-group 5–14 and two-thirds of those in the group 15–24 were due to accidents, as were one-third of the deaths in the age-group 25–44.

TUBERCULOSIS

The death rate from respiratory tuberculosis has shown a remarkable decline in Bedfordshire during the past quarter of a century. In 1959 there were, according to the Registrar General, 12 deaths giving a death rate of 3·4 per 100,000 home population. The corresponding death rate for England and Wales in 1959 was 7·7 per 100,000.

There were two deaths from non-respiratory tuberculosis in 1959.

CANCER

There were 657 deaths attributable to malignant neoplasms in 1959 and a further 23 due to leukaemia or aleukaemia. The vast majority of cancer deaths occur in the second half of life, over half being of persons aged 65 years and over. Whilst much has still to be discovered concerning this disease, it can be said that there is a good hope of cure in certain types of cancer if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

In Bedfordshire, there were 121 deaths from lung cancer, compared with 129 in 1958 and 136 in 1957. The sex-age distribution of these deaths and of cancers of all other sites including leukaemia and aleukaemia is shown in Table VIII. Lung cancer is predominantly a male affliction and much has been written in recent years about the relationship between this form of the disease and smoking. The statistical evidence for the connection is convincing but the reason for it has yet to be discovered. Amongst other possible causes is atmospheric pollution, for there is a marked difference in the death rates from cancer of the lung in the urban and rural areas of the County. This difference has been noted in the country as a whole.

Excluding the lung and bronchus, cancer has been responsible for more deaths in females than in males in Bedfordshire during the last ten years. This is the case in all age-groups from 25 years.

TABLE VIII—SEX-AGE DISTRIBUTION OF LUNG AND OTHER CANCERS*
IN BEDFORDSHIRE, 1950-59

	MALES								FEMALES							
	0—	5—	15—	25—	45—	65—	75—	Total	0—	5—	15—	25—	45—	65—	75—	
LUNG, BRONCHUS																
1950	—	—	—	2	51	14	4	71	—	—	—	—	4	8	2	
1951	—	—	1	4	52	21	6	84	—	—	—	2	6	3	5	
1952	—	—	—	5	59	27	10	101	—	—	—	—	6	4	—	
1953	—	—	—	3	43	17	7	70	—	—	—	2	4	3	—	
1954	—	—	—	5	49	34	10	98	—	—	—	1	8	5	1	
1955	—	—	—	6	59	36	8	109	—	—	1	1	8	5	2	
1956	—	—	—	7	51	24	17	99	—	—	—	2	6	6	2	
1957	—	—	1	2	70	38	12	123	—	—	—	1	7	3	2	
1958	—	—	—	6	57	35	15	113	—	—	—	—	7	6	3	
1959	—	—	—	3	61	33	10	107	—	—	—	—	7	1	6	
ALL OTHER SITES																
1950	4	—	1	11	62	75	65	218	2	—	1	15	93	69	65	
1951	2	1	1	14	74	64	58	214	3	3	2	24	82	73	63	
1952	4	—	1	19	65	62	73	224	1	—	—	19	102	54	90	
1953	1	1	2	12	63	71	65	215	3	2	2	24	74	54	79	
1954	1	2	1	16	68	58	74	220	—	3	4	18	106	72	86	
1955	3	1	2	11	86	73	77	253	2	1	1	13	93	96	95	
1956	2	2	1	12	59	63	70	209	—	4	—	23	105	82	78	
1957	1	2	2	12	70	60	63	210	2	1	2	20	105	70	83	
1958	1	2	2	7	81	62	70	225	1	2	2	17	110	89	87	
1959	3	3	3	16	82	87	68	262	—	1	1	23	93	83	96	

* Including leukaemia and aleukaemia

MATERNAL MORTALITY

There were three deaths ascribed to maternal causes registered in 1959, giving a maternal mortality rate per 1,000 total (live and still) births of 0·43, compared with 0·16 in 1958. The corresponding rate for England and Wales in 1959 was 0·38. The causes of death were given as

- (1) Septicaemia and septic abortion (natural causes);
- (2) cerebral haemorrhage, eclampsia and pregnancy; and
- (3) introduction of soap and water into the uterus for the purpose of attempting to procure abortion. This last-mentioned death occurred in September, 1958, but certification of the death awaited the hearing of a manslaughter charge which resulted in an acquittal.

INFANT MORTALITY

During 1959, 134 infants under one year of age died, 83 within the first week and 97 within the first four weeks of life. The distribution of infant deaths amongst the County Districts is shown in Table I on page 1. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table II on page 12 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past sixteen years. The rate for the County was 19·7, compared with 18·1 in 1958. The causes and sex-distribution of the infant deaths registered in 1959 are set out in Table IX. Prematurity is included in "Other Defined Causes".

TABLE IX—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1959
SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Measles	—	1	—	—	—	1
Other Infective and Parasitic Diseases	1	—	—	—	1	—
Cancer	—	—	1	—	1	—
Leukaemia, Aleukaemia	1	—	—	—	1	—
Influenza	1	—	—	—	1	—
Pneumonia	11	8	2	1	13	9
Bronchitis	2	1	1	—	3	1
Other Respiratory Diseases	—	1	—	—	—	1
Gastritis, Enteritis and Diarrhoea	2	—	—	2	2	2
Congenital Malformations	9	11	—	5	9	16
Other Defined Causes	25	20	16	12	41	32
TOTALS	52	42	20	20	72	62



SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

Administration

The County Council as Local Health Authority established a Health Committee in accordance with the requirements of the National Health Service Act, 1946. The Health Committee in turn established the following Sub-Committees:—

- (a) A General Purposes Sub-Committee to deal with the development of the services and matters of administration;
- (b) An Ambulance Sub-Committee;
- (c) A Mental Health Sub-Committee;
- (d) Four Divisional Committees, to which was referred the day-to-day management of the following services:—

The care of mothers and young children, health visiting, home nursing, domiciliary midwifery, domestic help and vaccination and immunisation, the prevention of illness, care and after-care section of the Act being, to some extent, administered centrally.

The Divisions were:—

- Eastern: Comprising Biggleswade Urban and Rural Districts; Sandy Urban District.
- Northern: Comprising Bedford Borough; Ampthill and Kempston Urban Districts; Ampthill and Bedford Rural Districts.
- Southern: Comprising Dunstable Borough; Leighton Buzzard Urban District; Luton Rural District.
- Luton: Comprising Luton Borough.

Certain changes are contemplated in 1960 and will probably have become effective by the time this Report is published. During 1959, however, the original Divisional administration continued to operate.

Each Divisional Committee had a medical adviser who was designated Divisional Medical Officer. In all cases he was a Medical Officer of Health of one or more County Districts, but in his capacity as medical adviser to his Divisional Committee he had the status of Senior Assistant County Medical Officer and was on the staff of the County Medical Officer.

The services provided by the County Council under the National Assistance Act, 1948, are administered by the Welfare Committee.

SECTION 21—HEALTH CENTRES

There are no Health Centres of the type envisaged by the National Health Service Act, 1946, and there is no immediate prospect of action being taken to provide one.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care

Facilities for ante-natal care are provided by the County Council at antenatal clinics which are conducted by experienced medical officers who ensure that a specialist opinion is obtained whenever it appears necessary. On every pregnancy, haemoglobin estimation is done. In addition, if the mother's blood has not previously been sent to a laboratory for Group, Rh, Coombs, Kahn and Wassermann examinations, this is done. If these tests have not been made, the report is obtained and no further examination of the blood is made unless there is some indication for making one.

No clinics were opened or closed during the year. Of the 11 clinics functioning at the end of the year, seven were held in premises rented for the purpose. Details of attendances during 1959 are given in Table X. The number of women who attended was greater than in the previous year, most of the increase being recorded at the Dallow Road Clinic in Luton. The scheme under which general practitioners carry out ante-natal examinations on behalf of the Local Health Authority continues in operation, but little use is now made of it.

In addition to the medical work of the clinics, instruction in mothercraft is given, in Luton by the midwives and in the rest of the County by health visitors. In some cases special classes are held. Also, in Bedford, Luton, Stable, Leighton Buzzard and Luton, birth relaxation classes are held and there seems no doubt that those who attend find them most helpful.

With regard to unmarried expectant and nursing mothers, the routine maternity facilities are available and are used, but, where it is necessary to make special arrangements are made for their care through voluntary Maternal Welfare organisations.

Post-Natal Work

Separate post-natal clinics are not held, but facilities are available for mothers to be examined post-natally at ante-natal clinics. Women who are in normal health and who suffer no discomfort do not usually take the trouble to attend and this probably explains why only 87 examinations were carried out during the year. It should be added that hospitals and general practitioners provide facilities for their own patients after confinement.

Arrangements still exist whereby women in outlying areas can be examined post-natally by general practitioners on behalf of the Local Health Authority, but no such examinations were made during 1959.

TABLE X—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1959

Clinic	Medical Officers' Sessions	Midwives' Sessions*	Total number of women who attended during the year	Number of new cases seen during year	Total number of attendances
AMPTHILL— The Cedars	23	1	49	39	236
BIGGLESWADE— The Lawns, The Baulk	26	—	84	34	221
DUNSTABLE— Health Centre, Kingsway	52	—	182	156	738
HOUGHTON REGIS— Baptist Schoolroom ...	26	—	17	15	81
LEIGHTON BUZZARD— 1, Grovebury Road	25	—	50	44	136
†LUTON— Dallow Road	51	127	815	707	2,902
Farley Hill	—	26	107	78	409
Stopsley	—	79	504	431	2,008
‡SHEFFORD— Digswell House ...	25	—	5	4	16
‡STOTFOLD— Unionist Club ...	22	—	7	1	23
‡SUNDON— Skefco Sports Pavilion	26	—	4	3	10
TOTALS ...	276	233	1,824	1,512	6,780

*No Medical Officer in attendance.

† The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

‡ Ante-natal work is only part of the activities at these sessions.

Infant Welfare Centres

A new centre was opened at Lidlington in January 1959 and in March the Elstow Clinic was transferred to Harewood Road, Bedford. No centres were closed during the year so that the total number at the 31st December was 75. Table XI gives details of attendances during the year.

A health visitor is present at each session and a doctor attends at regular intervals, depending on the size of the centre. No consultant or special clinics are provided for young children by the Authority, appropriate steps are taken to see that they obtain whatever treatment required. Thus, some children are referred to the family doctor, while others use the facilities provided at the school clinics for speech therapy, medical guidance, etc. No assistance is given to general practitioners holding consultations on their own premises.

In rural areas, one clinic often serves two or more villages. In some cases where a convenient public service is not available, transport is provided by the Authority.

Premature Births

All infants weighing $5\frac{1}{2}$ lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Details of the premature births notified in the County during the year (as adjusted by transfer notifications) are given in Table XII. The total of 413 represented 10 per cent of notified live births in 1959. Of the 413, 50 or 12·1 per cent, were born within 28 days. There were 61 premature stillbirths notified, representing 43·0 per cent of all notified stillbirths.

Premature babies need the most skilled attention if they are to survive. To this end, the Authority have available for use when required special facilities together with appropriate equipment. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care *en route* and the equipment required for such a journey has been provided.

The Unmarried Mother and Her Child

As already mentioned, the routine maternity facilities provided by the Authority are available to and are used by unmarried expectant and nursing mothers. Additional care, to the extent that is necessary, is provided for unmarried mothers and their babies by Diocesan bodies. Thus, the St. Albans Diocesan Council for Moral Welfare provides an out-patient welfare service covering the whole County and in addition provides a home in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services.

The Northampton Diocesan Catholic Child Protection and Welfare Society engages in outdoor social work and makes arrangements for unmarried mothers to be admitted to suitable homes.

Under the Authority's scheme, 50 Bedfordshire cases were admitted to homes outside the County during 1959. The arrangements whereby health visitors co-operate with voluntary association workers and hospital officers in the care of illegitimate children were continued.

TABLE XI—DETAILS OF ATTENDANCES AT INFANT WELFARE CENTRES
DURING 1959

Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1959	1958	1957-54		0-	1-	2-4	
Ampthill ...	49	60	51	83	194	1,096	317	378	1,791
Arlesey ...	25	51	42	47	140	593	163	56	812
Aspley Guise ...	26	21	33	39	93	409	228	328	965
Barton ...	25	63	69	38	170	862	256	145	1,263
Bedford—									
Barford Avenue	101	134	130	185	449	2,391	563	466	3,420
Brereton Road	104	268	193	103	564	3,648	488	214	4,350
Goldington ...	50	140	120	93	353	2,447	439	204	3,090
Harewood Road (com. 18.3.59)	42	87	82	86	255	1,328	287	154	1,769
Putnoe ...	37	132	82	37	251	1,710	309	83	2,102
Queen's Park ...	49	76	57	76	209	944	301	226	1,471
Biggleswade ...	52	116	113	95	324	2,510	503	106	3,119
Blunham ...	13	8	6	11	25	79	35	73	197
Bromham ...	25	51	40	65	156	666	271	282	1,219
Caddington ...	25	82	71	58	211	1,366	461	131	1,958
Clapham ...	49	61	56	53	170	1,222	235	102	1,559
Clophill ...	13	23	15	17	55	194	66	81	341
Cranfield ...	26	32	24	41	97	473	162	225	860
Cranfield College	13	11	9	19	39	68	66	80	214
Dunstable ...	154	382	359	478	1,219	6,417	962	710	8,089
Eaton Bray	24	41	30	68	139	652	232	217	1,101
Eaton Socon ...	26	28	22	26	76	421	167	65	654
Elstow									
(closed 11.3.59)	10	17	11	8	36	183	46	17	246
Flitwick ...	50	52	49	92	193	1,088	273	433	1,794
Great Barford ...	13	9	10	9	28	101	28	41	170
Harrold ...	13	15	23	47	85	148	93	188	429
Haynes ...	26	8	10	22	40	213	105	208	526
Heath and Reach	26	21	20	37	78	393	157	109	659
Henlow, R.A.F.	26	82	84	60	226	981	296	77	1,354
Henlow Village ...	25	23	26	39	88	358	163	95	616
Houghton Conquest	12	10	6	16	32	74	54	78	206
Houghton Regis ...	52	61	61	79	201	1,310	216	217	1,743
Kempston ...	100	149	135	186	470	3,447	952	898	5,297
Kensworth ...	24	27	21	41	89	403	210	262	675
Langford ...	25	22	18	42	82	423	181	105	609
Leighton Buzzard	114	159	169	111	439	3,330	716	174	4,220
Lidlington									
(com. 28.1.59)	25	15	14	32	61	231	126	157	514
Luton—									
Beechwood ...	102	279	228	205	712	4,597	799	262	5,658
Castle Street ...	52	135	140	112	387	2,427	451	155	3,033
Dallow Road ...	48	212	144	148	504	2,523	339	144	3,406
Farley Hill ...	52	116	112	150	378	1,984	311	213	2,508
Carried forward	1,723	3,279	2,885	3,154	9,318	53,710	12,027	8,159	73,896

Name	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1959	1958	1957-54		0-	1-	2-4	
Forward	1,723	3,279	2,885	3,154	9,318	53,710	12,027	8,159	73,896
Continued									
High									
Marsh	50	119	104	98	321	2,141	315	112	2,568
...	52	136	167	137	440	3,269	421	165	3,855
...	100	206	187	191	584	3,354	463	199	4,016
et	50	77	76	68	221	1,662	250	82	1,994
reen	52	130	95	63	288	2,145	326	81	2,552
s	48	147	104	114	365	2,123	254	148	2,525
...	104	311	255	244	810	4,430	564	278	5,272
pretaine	25	18	15	21	54	256	132	73	461
elton	27	14	12	17	43	215	64	111	390
...	27	11	23	14	48	254	160	182	596
...	25	33	39	35	107	395	178	337	910
...	27	11	16	42	69	163	113	249	525
...	13	17	6	18	41	125	56	74	255
...	24	32	60	47	139	612	288	326	1,226
...	27	26	8	6	40	328	196	134	658
...	52	67	56	81	204	1,091	299	151	1,541
...	26	16	24	22	62	233	96	120	449
...	26	56	51	30	137	600	103	46	749
...	24	49	34	24	107	619	104	45	768
...	13	7	8	21	36	59	39	47	145
...	24	11	15	30	56	193	73	153	419
...	25	41	54	48	143	689	274	58	1,021
...	52	81	92	61	234	1,720	374	52	2,146
...	26	10	14	28	52	317	127	296	740
...	65	139	124	121	384	3,009	486	272	3,767
...	13	10	9	14	33	86	49	81	216
...	13	24	26	29	79	167	74	102	343
...	52	59	53	54	166	1,366	364	202	1,932
...	13	10	6	30	46	77	54	70	201
...	26	18	18	19	55	267	145	133	545
...	13	22	22	17	61	209	76	65	350
...	26	25	19	40	84	240	135	250	625
...	25	26	28	43	97	509	132	166	807
orth	12	6	5	12	23	58	26	61	145
...	13	9	10	11	30	99	25	48	172
...	13	15	7	13	35	94	48	87	229
ALS	2,926	5,268	4,727	5,017	15,012	86,884	18,910	13,215	119,009

TABLE XII—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1959, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME						BORN IN HOSPITAL					Grand Total				
	Total	Nursed entirely at Home or in Nursing Home					Transferred to Hospital									
		3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL	3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 4 lb. 15 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL					
Died in first 24 hours ...	2	1	—	—	—	1	1	—	—	1	11	10	3	1	25	27
Died on 2nd day to 28th day	10	1	—	2	1	4	1	1	1	3	7	4	1	1	13	23
Survived 28 days ...	116	1	8	12	81	102	—	6	5	3	8	56	61	122	247	363
TOTALS ...	128	3	8	14	82	107	2	7	6	6	21	70	65	124	285	413

Birth Control

The Authority provide three clinics in the County where advice on control is given to women in whose cases pregnancy or further pregnancy would be detrimental to health. The Clinics are at Bedford, Stable and Luton. Details of the patients seen are given in Table XIII.

TABLE XIII—ATTENDANCES AT BIRTH CONTROL CLINICS, 1959

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances	No. of sessions
Bedford, Barford Avenue	19	180	344	24
Stable, Kingsway ...	44	155	310	26
Luton, Beechwood Health Centre ...	221	906	1,067	52
TOTALS ...	284	1,241	1,721	102

Day Nurseries

It is generally accepted that normally the best place for a young child is at home, preferably with his mother. Circumstances sometimes arise, however, when it is in the child's interest that daily care of some other kind should be provided for him. It may be that there are relatives able and willing to care for him, but there are circumstances in which it is desirable for facilities to be made available by the local health authority, either by way of day nurseries or daily minders. There were four nurseries operating at the end of the year. Details of accommodation and attendance are given in Table XIV. Nursery students continued to be trained at all Luton nurseries. At the end of the year, four students were in training, having qualified during the year.

Responsibility for admitting a child to a day nursery lies with the Local Authorities and a charge is made according to the family's means. Children from the eastern part of the County are admitted to a nursery at Letchworth, by arrangement with the Hertfordshire County Council.

The Nurseries and Child-Minders Regulation Act, 1948, requires the Local Health Authority to register premises, other than premises wholly or partly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days. Also, persons who for reward receive into their homes more than two children under the age of five years to be similarly looked after must be registered. At the end of the year, one nursery providing for 15 children, and 12 daily minders providing in all for 87 children, were so registered.

TABLE XIV—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1959

Address of Nursery	No. of approved places		No. of children on the register at the end of the year		Average daily attendance during the year	
	Under 2	Years 2-5	Under 2	Years 2-5	Under 2	Years 2-5
BEDFORD— 34, St. John's Street	10	30	8	31	8	26
LUTON— Alder Crescent* ...	20	30	12	30	10	29
Manor Road* ...	16	34	3	38	5	32
Stopsley* ...	16	24	18	32	12	22

*Training Nursery.

Daily Minders

To deal with children not living within easy access of a Day Nursery and who require to be cared for during the day, the County Council have a Daily Minders Scheme. Under this Scheme a register is maintained of persons approved by the Council as suitable to receive children by day. A fee is paid by the Council but the parents are only required to pay the cost of food or articles provided by the minder. The main difference between persons registered under this Scheme and under the Nurseries and Child Minders Regulation Act, 1948, previously mentioned is that a child minder for the purposes of the Act is a person caring for three or more children. A child minder under the Authority's scheme must be registered even though she takes only one child. In addition the scheme allows the Authority to be selective and to choose those persons considered to be best fitted for the task, whereas persons applying to be registered under the Act must be registered provided they fulfil the requirements.

So far the Scheme is only operating in the Southern Division where, at the end of the year, there were 25 approved daily minders of whom six were actually caring for children. The number of children being minded was 12. The number of child-days for which care was provided during the year was 1,978, the total number of children minded being 32.

Children in Care

The provision of residential homes and nurseries for children is a responsibility of the Care of Children Committee, the services of the Health Department's medical staff being utilised as and when required. Regular visits are paid to the homes to ensure that everything is in order from a health point of view.

The Health Department also arranges for children who are boarded-
be medically examined in accordance with Home Office Regulations.
usual practice is for the examinations to be carried out by the general
itioner who attends the household.

Dental Care

Under the National Health Service Act, 1946, priority in dental treatment is given to expectant and nursing mothers, and children. This treatment is provided free of charge. In Bedfordshire, the Local Health Authorities provide facilities for the dental care of these classes in conjunction with the School Dental Service. Details of the work done during 1950 are given in Tables XV and XVI.

XV—FORMS OF DENTAL TREATMENT PROVIDED AT DENTAL CLINICS
DURING 1959

	Extractions (teeth)	General Anae- sthetics	Fill- ings	Scalings and gum treat- ment	Silver nitrate treat- ment	Crowns or Inlays provid- ed	Radio- graphs	Dentures provided	
								Full upper or lower	Partial upper or lower
and nursing									
... ..	—	—	—	—	—	—	—	—	—
under 5 ...	36	16	23	3	—	—	—	—	—
DE—									
and nursing									
... ..	—	—	—	—	—	—	—	—	—
under 5 ...	—	—	—	—	—	—	—	—	—
E—									
and nursing									
... ..	227	72	135	21	—	—	8	12	11
under 5 ...	95	50	34	2	—	—	—	—	—
BUZZARD—									
and nursing									
... ..	83	27	3	69	—	—	—	2	1
under 5 ...	49	32	8	23	6	—	—	—	—
and nursing									
... ..	179	24	68	15	—	—	14	16	26
under 5 ...	103	42	14	—	—	—	—	—	—
and nursing									
... ..	489	123	206	105	—	—	22	30	38
under 5 ...	283	140	79	28	6	—	—	—	—

TABLE XVI—EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED WITH DENTAL CARE AT DENTAL CLINICS DURING 1959

	Examined	Needing Treatment	Treated
BEDFORD—			
Expectant and nursing mothers ...	—	—	—
Children under 5	40	35	34
BIGGLESWADE—			
Expectant and nursing mothers ...	—	—	—
Children under 5	—	—	—
DUNSTABLE—			
Expectant and nursing mothers ...	47	47	47
Children under 5	71	68	68
LEIGHTON BUZZARD—			
Expectant and nursing mothers ...	23	23	23
Children under 5	61	61	61
LUTON—			
Expectant and nursing mothers ...	54	54	54
Children under 5	64	58	58
TOTALS—			
Expectant and nursing mothers ...	124	124	124
Children under 5	236	222	221

The following report has been contributed by the Senior Dental Surgeon, Mr. R. B. T. Dinsdale:—

“Dental treatment is still provided for expectant and nursing mothers as well as pre-schoolchildren at the Council’s clinics and wherever possible in the villages by the mobile surgeries. The clinics at Dunstable and Leighton Buzzard continue to receive support and the attendance is satisfactory. These two clinics have been fortunate inasmuch as they have been serviced continuously by the Dental Surgeons since their introduction. The amount of work at the Biggleswade Clinic has decreased.

“The staff shortage is still the major obstacle to progress in the service. Patients who would seek treatment are applying to the private practitioner for treatment under the National Health Service.”

Welfare Foods

The term “Welfare Foods” embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets. In addition to seven major distribution centres at Ampthill, Bedford, Biggleswade, Dunstable, Leighton Buzzard, Luton and Sandy, there were, at the end of the year, 113 minor centres located at infant welfare centres, shops, village halls, etc., and mainly manned by volunteers. The Authority are greatly indebted to the W.V.S. for their assistance in this important work. There is

ly a family even in the more isolated parts of the County which is not within reasonable distance of a distribution centre. As a result, rarely necessary these days to send national dried milk by post.

In addition to the welfare foods already mentioned, infant welfare centres supply a variety of other dried milks and nutrients at cost price, and other tablets are issued free of charge.

SECTION 23—MIDWIVES SERVICE

In Bedfordshire, the domiciliary midwifery service is provided entirely by the County Council. In the Bedford and Luton Boroughs full-time midwives are employed, but in the remainder of the County midwives undertake home nursing as well. In four instances the midwives are also trained health visitors and carry out comprehensive duties, i.e. midwifery, home nursing, health visiting and school health work. At the 31st December, 1959, the staff comprised 20 whole-time and four part-time midwives, 33 nurse-midwives (one being part-time) and four health visitor-nurse-midwives. Non-medical supervision is carried out by the Chief Nursing Officer, assisted by the Divisional Nursing Officer in Luton and by the Assistant Supervisor of Midwives and Home Nurses in the remainder of the County. Supervision of domiciliary midwives not employed by the Local Health Authority and of midwives in Nursing Homes is undertaken in accordance with the rules of the Central Midwives Board. At the end of 1959 there were four of the latter and five of the former practising in the County.

Ante-natal supervision by midwives is carried out in accordance with the rules of the Central Midwives Board and in addition every expectant mother is normally seen at least twice by a doctor during the ante-natal period. In Luton, midwives' ante-natal clinics are held regularly at a central clinic. In the remainder of the County all ante-natal supervision by midwives is undertaken in the patients' homes. Maternity outfits are supplied free in all domiciliary cases.

The midwives have off-duty periods in accordance with the recommendations of the Rushcliffe Committee. Outside Bedford and Luton Boroughs the midwives, who are also home nurses, combine in groups of three or four for relief purposes and the maximum flexibility is allowed to them. This fact, combined with a reasonable case-load, means that night duty is not a serious problem. If it happens that a midwife has disturbed duties and wishes to be relieved she informs the Chief Nursing Officer. The relief system works very well and the midwives do not wish it to be changed. In Bedford and Luton, midwives are employed full-time and there is an adequate relief system.

The number of deliveries attended by midwives in the County during 1959 is given in Table XVII. 41·5 per cent of all notified Bedfordshire births (live and still) in 1959 were domiciliary, compared with 40·0 in 1958 and 40·2 in 1957.

In recent years, particularly in the south of the County, there has been a substantial increase in the number of cases delivered in hospital.

and discharged into the care of domiciliary midwives before the fourteenth day. In 1959, there were 503 such cases. Very often they are midwives' cases where it is considered to be in the mother's best interests for the actual delivery to take place in hospital (e.g. high blood pressure or post maturity). If everything goes well, she is then returned to the midwife's care.

During 1959, seven midwives and the Divisional Nursing Officer attended refresher courses organised by the Royal College of Midwives. The Chief Nursing Officer attended a recognised course organised by the Association of Midwives.

Analgesia in Childbirth

All the midwives employed by the Authority are qualified to administer gas and air analgesia and 59 sets of apparatus were in use at the end of the year. The midwives are also supplied with pethidine. Trilene is not used. It may be said that, in the normal course of events, analgesia is available to every woman attended by the Council's midwives.

During the year, of the 2,092 women delivered by the Council's midwives without a doctor being present, 1,715 or 82.0 per cent, received gas and air analgesia. Of the 695 cases where a doctor was present at the delivery, 550 or 79.1 per cent, received gas and air. Pethidine was administered by the midwives to 486 women when a doctor was present and to 1,169 when no doctor was present at the time of delivery.

TABLE XVII—NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING 1959, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Domiciliary cases				Total	Ca i In tu
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by County Council	10	60	685	2,032	2,787	-
Midwives employed by Hospital Management Committees ...	—	—	—	—	—	3,
Midwives in Private Practice (including Nursing Homes)	—	2	3	—	5	1
TOTALS	10	62	688	2,032	2,792	3,

SECTION 24—HEALTH VISITING

During recent years the scope of the health visitor's duties has been gradually extended. In her work with mothers and children, greater emphasis is now laid on health education. At the same time, more and more her time is taken up by problem families and with the care of old people. Further details concerning problem families are given in that part of this report dealing with Section 28 of the Act.

At the 31st December, 1959, there were 44 qualified health visitors employed by the Authority. Six were full-time Tuberculosis Visitors, 17 were doing full-time health visiting, 29 combined health visiting with school nursing, and four were combining health visiting with midwifery, home nursing and school nursing. In Luton it was still necessary to make use of some nurses not trained as health visitors.

During the year, 17,135 families were visited and 22,413 children under five years of age were seen in their homes. Further particulars of the visits paid by the Council's Health Visitors during the year are given below:—

	<i>First Visits</i>	<i>Total Visits</i>
Pregnant mothers	1,210	2,090
Children under 1 year	7,069	31,479
Children aged 1 year		13,717
Children aged 2-4 years		25,989
Other cases		4,243

The total number of attendances made by Health Visitors at clinics during the year was 3,890. Figures relating to the work of the Tuberculosis Visitors are given in the paragraphs on Tuberculosis in Section III of this Report.

In accordance with the recommendations of the Ministry regardingresher courses one Health Visitor attended a course in 1959.

SECTION 25—HOME NURSING

The County Council make direct provision of a Home Nursing Service. The nurses deal with any emergency to which they may be called. In the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose direction they work. Patients on discharge from hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate inter-change of information between doctor and nurse. No all-night service is provided, but the nurses are available for night calls if required urgently.

The major part of the work of the home nurses is with cases classified as medical and over the years there have been quite marked fluctuations in which there is no simple explanation. Thus in 1950, there were 4,237

medical cases who received 87,920 visits. In 1959, 4,599 such cases received 123,716 visits. Excluding 1951, when there was an influenza epidemic, the number of medical cases reached a peak in 1955 when there were 5,701 requiring a total of 131,275 visits.

A considerable demand has been made on the services of home nurses in recent years for the administration of antibiotics and drugs by injection. During 1958 far fewer injections were prescribed but there was some increase in 1959.

Home nursing is more and more concerned with the care of the aged. Thus of the 6,761 patients attended in 1959, 3,046 (i.e. 45.1 per cent) were 65 years of age or over. The corresponding percentage in 1958 was 43.3. The average number of visits paid to old people was 35, compared with 13 in the case of patients under 65 years of age.

At the 31st December, 1959, there were, in addition to the 33 nurse-midwives and four health visitor-nurse-midwives already mentioned, 34 full-time nurses of whom eight were men. There were also three part-time home nurses.

The numbers of patients in various categories who were attended during the year are shown below, together with the numbers of visits paid.

<i>Type of Case</i>			<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	...	...	4,599	123,716
Surgical	...	...	1,052	28,884
Infectious Disease	...	...	3	13
Tuberculosis	...	...	52	1,900
Maternal Complications	...	...	42	341
Others	...	...	1,013	2,366
TOTALS			6,761	157,220

The Queen's Institute of District Nursing arranges refresher courses for District Nurses. Six nurses attended such courses in 1959.

SECTION 26—VACCINATION AND IMMUNISATION

Smallpox Vaccination

Severe outbreaks of smallpox are now rare in this country. The disease is, however, still present in Eastern countries and there is always a risk that the disease will be brought into the country either by someone who is infected but who arrives before the illness has become apparent, or by material such as raw cotton. The traveller abroad is at much greater risk, particularly in the East, and protection against the disease by means of vaccination is often a pre-requisite for travel or for entry into many countries. With foreign travel becoming much more commonplace, the

ability is that a substantial number of people will, at some time or other, find it desirable to be vaccinated. Thus the need for vaccination is present and, as vaccination for the first time can cause considerable discomfort in an adult this is best done in infancy.

In Bedfordshire all vaccination against smallpox under the Scheme is undertaken by general practitioners. Table XVIII shows the number of persons vaccinated for the first time during 1959 in each of the Divisions. There was an increase of 742 in the total number of persons vaccinated for the first time. A substantial increase in infant vaccinations in the Luton Division combined with smaller increases in the Southern and Northern Divisions accounted for most of the increase. For the County as a whole, the number of infants under one year of age who were vaccinated was 39.9 per cent of births registered in 1959. The corresponding figure for the previous year was 30.2 per cent, whilst in 1950 it was only 16.0 per cent. These figures are encouraging but they are still not enough. During 1959 1,411 persons were re-vaccinated, compared with 618 in the previous year.

TABLE XVIII—NUMBER OF PERSONS IN EACH DIVISION VACCINATED FOR THE FIRST TIME DURING 1959, SUBDIVIDED ACCORDING TO AGE

Age at date of vaccination	DIVISION				Totals
	Northern	Southern	Eastern	Luton	
Under 1 year ...	867	628	62	1,034	2,591
1-4 years ...	69	22	6	53	150
5-14 years ...	59	33	2	46	140
15 years and over ...	66	48	2	104	220
TOTALS ...	1,166	782	75	1,411	3,434

Diphtheria Immunisation

There were no cases of diphtheria in Bedfordshire in 1959. The need for immunisation is being continually stressed and mothers are urged to take their babies either to the family doctor or to the infant welfare centre to be immunised. In a great many cases immunisation is now being combined with protection against whooping cough. Immunisation of school children is arranged through the schools.

After about five years the protection given by immunisation falls below a safe level and needs to be reinforced by a "booster" injection. The practice has developed of giving these injections when the child enters school at the age of five, and again at the age of ten, i.e. in the last year of primary school.

To make it virtually certain that outbreaks of diphtheria will not occur, at least 75 per cent of children under 15 years should be effectively immunised, i.e., they should have received some protection within the last five years. The percentage of the child population thus protected is referred to as the "immunity index." As will be seen from Table XIX, the immunity index for the age-group 1-4 years at the end of 1959 was 71.9 but only 49.4 for the age-group 5-14 years. The corresponding figures for the previous year were 70.0 and 50.0. Table XX shows the number of children immunised during 1959. A further increase in the number of primary immunisations was recorded. During 1958 it was unfortunately necessary to defer the giving of "booster" injections because of the demand for poliomyelitis vaccination. In 1959 it was possible to pay more attention to immunisation and 5,784 "booster" injections were given, 2,411 more than in the preceding year.

TABLE XIX—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1959, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.59	Under 1	1-4	5-9	10-14	Total Under 15
Last complete course of injections (whether primary or booster)—					
1955-59	1,248	15,431	16,949	9,937	43,565
1954 or earlier ...	—	—	4,252	14,558	19,810
Estimated mid-year child population	6,530	21,470	54,400		82,400
Immunity Index	19.1	71.9	49.4		52.9

TABLE XX—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1959, SUBDIVIDED ACCORDING TO AGE AT DATE OF FINAL INJECTION, TOGETHER WITH NUMBER OF CHILDREN IN VARIOUS AGE GROUPS WHO RECEIVED "BOOSTER" INJECTIONS

	AGE			Total
	Under 1	1-4	5-14	
Primary Immunisation	3,721	1,484	747	5,952
"Booster" Injections ...	—	121	5,663	5,784

Protection Against Whooping Cough

Since the 1st November, 1954, the Authority have provided facilities for protection against whooping cough to children under the age of two years who have not suffered from the disease, and whose parents make a request for such protection. The vaccine is given alone or in combination with diphtheria prophylactic. It will be seen from the figures in Table XXI that in the vast majority of cases the combined prophylactic is preferred.

Of the 175 children who were notified as suffering from Whooping Cough in 1959, 26 are known to have been vaccinated. Of these, four received their injections less than 12 months previously (in one case a third injection was given about three weeks before the onset of the disease), three had been vaccinated for 1-2 years; five for 2-3 years; eight for 3-4 years; one for 4 years; and five for 5 years.

TABLE XXI—NUMBER OF CHILDREN PROTECTED AGAINST WHOOPING COUGH ALONE OR IN CONJUNCTION WITH DIPHTHERIA IMMUNISATION DURING 1959, SUBDIVIDED ACCORDING TO AGE ON COMPLETION

	AGE							Total
	0-	1-	2-	3-	4-	5-9	10-14	
Combined with Diphtheria immunisation	3,610	975	190	95	53	86	15	5,024
alone	73	16	2	2	1	6	—	100
TOTALS	3,683	991	192	97	54	92	15	5,124

Poliomyelitis Vaccination

The two previous Reports have given an account of the development of poliomyelitis vaccination in general and the gradual extension of its use in this country.

It is estimated that at the end of the year there were approximately 100,000 persons eligible for vaccination of whom 97,032 (73·5 per cent) were registered. 64,946 had received three injections, 30,904 two injections and 641 only one injection. Thus only 541 of those registered (i.e. 0·6 per cent) had received no protection.

SECTION 27—AMBULANCE SERVICE

The Authority make direct provision of an ambulance service for the whole of Bedfordshire except a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas, agency agreements are in existence with the Buckinghamshire County Council and the Hemel Hempstead and District Motor Ambulance Association respectively.

Radio-telephones are installed in all vehicles and radio control centres are situated at the Luton and Kempston depots. In the south the Dunstable depot is linked with Luton, and in the north the Ampthill and Biggleswade depots are linked with Kempston. The system works well.

At the 31st December, 1959, the total ambulance personnel directly employed numbered 72. It comprised one superintendent, one maintenance officer, five station officers, two deputy station officers and 63 driver-attendants. In addition, there were vacancies for two driver-attendants. A valuable reinforcement to the service is received from the Hospital Car Service and from the attendance of voluntary personnel of the St. John Ambulance Brigade and the British Red Cross Society at the depots. During the year, the Hospital Car Service travelled 182,153 miles in conveying 6,763 patients for the Authority. Car Hire Services were employed to convey 240 patients to and from the Chest Clinic in Bedford, and 2,079 miles were travelled.

TABLE XXII—MILEAGE TRAVELLED AND PATIENTS CARRIED BY COUNTY AMBULANCE SERVICE AND OTHER SERVICES, 1959

Depot or service	Mileage	Patients carried			
		Accident	Sickness	Other	Total
County Council—					
Ampthill	105,212	761	8,774	76	9,611
Bedford	153,124	1,960	21,119	232	23,311
Biggleswade	99,329	767	9,226	741	10,734
Dunstable	73,486	1,937	7,527	315	9,779
Luton	130,299	3,485	19,514	4	23,003
	561,450	8,910	66,160	1,368	76,438
Bucks. C.C. (Linslade) ...	32,089	318	4,640	—	4,958
Rushden Ambulance ...	685	12	16	—	28
Hospital Car Service ...	182,153	—	6,066	697	6,763
Car Hire	2,079	—	240	—	240
	778,456†	9,240	77,122	2,065	88,427

†A further 10,093 miles were travelled by other Ambulance Services in conveying patients from Bedfordshire, making a grand total of 788,549 miles.

Wherever possible patients who have to travel long distances are sent by train. This was done on 115 occasions during the year, 11 of the patients being stretcher cases. It is pleasing to record that the arrangements made for the patients by British Railways are most satisfactory. It is fitting also that tribute should be paid to the London County Council for the help given to patients sent to London by train, either by transporting them to their final destinations or to other main-line stations from which they continue their journeys.

Table XXII shows the number of patients carried and miles travelled by vehicles at each of the five depots and by other Services acting on the

Council's behalf. Altogether, the Council's vehicles recorded 561,450 miles during 1959 and of that total 7,214 miles were travelled on behalf of other authorities.

Table XXIII shows the total mileages travelled in the years 1955-59 providing an ambulance service for Bedfordshire, and includes mileages recorded by other Ambulance Services acting on the Council's behalf.

TABLE XXIII—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE FOR BEDFORDSHIRE, 1955-59

Work done by	1955	1956	1957	1958	1959
County Council Depots* ...	585,865	562,141	547,398	550,553	554,236
Hospital Car Service ...	156,179	164,663	152,196	160,052	182,153
Hire Services ...	15,504	11,090	5,895	3,111	2,079
St. Mary's C.C. (Linslade Depot)	34,930	35,020	31,476	32,988	32,089
Shenley Ambulance ...	4,268	3,060	1,835	1,010	685
Other Authorities ...	13,998	16,390	14,367	12,308	10,093
TOTALS ...	810,744	792,364	753,167	760,022	781,335

*Excluding mileage travelled on behalf of other Authorities.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

In the case of tuberculosis, the Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. The Senior Chest Physicians, who work at the Regional Hospital Board and the Local Health Authority. Six Tuberculosis Visitors are employed full-time by the Authority and the establishment also provides two Welfare Officers although both posts were vacant throughout 1959.

In appropriate cases extra nourishment in the form of milk and eggs is provided and 113 patients benefited in this way during 1959. Tuberculous patients being nursed at home also receive domestic help if required, and 11 persons were so assisted during the year. Beds, bedding and shelters are available, in addition to medical comforts. At the end of the year 28 tuberculous patients were receiving occupational therapy at home.

Arrangements still exist with settlements for the reception of suitable patients. When they are sufficiently recovered to embark on rehabilitation the County Council accept financial responsibility for their maintenance. Little use has been made of this scheme for some years and no patients were being maintained at the end of 1959.

As part of the scheme for prevention, arrangements are made, where necessary, to provide boarding-out accommodation for the children of infectious persons, but the need did not arise during 1959.

The Authority have made arrangements under Section 28 for B.C.G. vaccination of contacts of tuberculous persons. During the year, 576 contacts were vaccinated. In addition, 44 members of hospital staff received protection. Where the contact is a new-born baby of tuberculous persons, there is a scheme whereby it is segregated prior to receiving B.C.G. vaccination but the necessity for this did not arise during 1959. Details of the scheme to vaccinate 13-year-old schoolchildren are given in Section III of this Report.

Other Types of Illness

For the care and after-care of the non-tuberculous sick being nursed at home, the Authority provide, where necessary, medical comforts, domestic help and occupational therapy.

Medical Comforts

The Authority provide certain articles of apparatus on loan when required by sick persons for continuous use in their homes. This is mainly done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, were operating 29 Medical Comforts Depots in the County at the end of the year, a new depot having been opened at Gravenhurst.

Convalescence

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. A charge is made depending upon the family's financial circumstances. During 1959, 25 adults and 16 children were sent away under this scheme.

Occupational Therapy

Previous reports have explained at length what is meant by occupational therapy. It is far more than a means of providing homebound patients with craftwork for the purpose of occupying their time. An important aspect of the work is the rehabilitation of mental patients and of persons suffering from physical disabilities, either temporary or permanent.

Patients are referred by hospitals, general practitioners, welfare officers and mental welfare officers. In all cases a medical certificate is required. Patients who are given craftwork to do receive an initial gift of material to the value of 16s. 0d.

By the very nature of the work, there can be no quick turnover of patients and whilst new patients are continually being referred, the number being taken off the registers is small. This means that there is a waiting list with the possibility of a long wait before a patient can be fitted. Visits have to be arranged according to a strict time table and many patients are only seen once in four weeks. With any break in visiting, this period becomes much longer. At the 31st December, 1959 160 patients were being attended at home. They were in the following categories:—

Respiratory tuberculosis	...	...	...	...	23
Non-respiratory tuberculosis	...	...	...	...	5
Other respiratory diseases	...	...	...	...	10
Heart diseases	...	...	...	...	4
Diseases of the central nervous system	...	...	...	...	53
Arthritis	...	...	...	...	23
Other diseases of bone and joint	...	...	...	...	7
Congenital malformations	...	...	...	...	4
Mental illness	...	...	...	...	9
Others	...	...	...	...	22

The work of the Occupational Therapist in the south of the County is helped considerably by her being one of the rehabilitation team led by the Consultant in Physical Medicine at St. Mary's Hospital, Luton. Patients referred to the Occupational Therapist can be given the opportunity, with the permission of their own doctors, to attend the Out-patient Department where the consultant will see them. Discussion with the team then leads to the scheme of treatment.

In addition to domiciliary patients, fortnightly visits are paid to six of the Welfare Committee's homes and to Heathwood Hostel. At these visits instruction in handicrafts and recreational activities is given.

"Problem Families"

The term "problem family" has come into general use in the last ten or fifteen years but there has been a wide divergence of views as to what it means. Many attempts at definition have been made, either in terms of failure to improve through contact with the social services or of failure to attain certain minimum social standards. The difficulty is that the social services available vary in different localities as do the social standards and no refuge is sought in the statement that the problem family is hard to define but easy to recognise.

What is indisputable is that certain families, because of their conditions of life and their failure to respond to the social assistance available, present many difficulties to local authorities. Whatever label is applied to such a family, the difficulties are there and sooner or later the local authority is faced with the problem of dealing with them. Then, too, there are the families with problems which may well reach the point of causing a disruption of normal home life with consequent risk to the mental health of the children.

In Bedfordshire, when a health visitor becomes aware of the difficulties of a family she does what she can to help. If she feels that unaided she cannot resolve the difficulties, the health visitor calls on officers from other services to play a part. If this does not achieve results, the problem is placed before the Divisional Medical Officer who may then bring the matter before the local co-ordinating committee. This committee consists of representatives of the various official and voluntary bodies who may be able to assist in finding a solution. For example: Public Health Inspector; Housing Manager; Health Visitor; Nursing Officer; Home Help Organiser; Welfare Officer; Children's Officer; N.S.P.C.C. Inspector; Area Officer, National Assistance Board; Probation Officer; Hospital Almoner; W.V.S. Organiser; Mental Welfare Officer; Manager, Employment Exchange; Youth Employment Officer; Education Welfare Officer.

The amount of time that a health visitor or any other officer can give to these families is severely restricted by the officer's normal duties and there is a very great need for *ad hoc* social workers such as those trained by the Family Service Units to supplement the efforts made by the existing services to prevent the break-up of family life and to rehabilitate families where serious problems have already arisen. There are now three suitably experienced Social Workers on the staff of the Health Department.

Specially selected home helps are a great help with some families, giving the mother practical instruction in housecraft, including the proper spending of whatever money is available.

In suitable cases, the Authority send mothers and their children (if under 7 years) to a recuperative centre (e.g. Brentwood) for a period. The aims are to improve the health of the mother; give personal assistance with her problems and to encourage a higher standard of home management; and to encourage the healthy and happy development of the children.

Health Education

Every member of the Health Department staff who has contact with the public is a health educator to some degree and the most effective results are achieved when all work together as a team. Thus, medical officers, health visitors, mental welfare officers, etc., all play their part as well as the Health Education Officer. Much of the work is done by personal contact both in the home and in the clinic.

The Mothercraft and Relaxation Classes to which reference has already been made are well attended and afford an opportunity for systematic and continuous health education.

During the year, 31 film shows and 13 talks were given to various groups by the Health Education Officer. In addition, talks were given by other members of the staff.

From time to time, student teachers request information regarding the Health Services and every effort is made to help them. Towards the

d of the year, the Department was pleased to welcome Mr. Chua Kong ng, a Public Health Inspector from Brunei, who spent three months studying the administration of the Health Services in Bedfordshire.

No special campaigns were organised but assistance was given when the Mass X-ray Unit visited Bedford and Kempston in the summer.

In Luton, health education is undertaken by the Borough Health Committee, the Local Health Authority contributing 50 per cent of the expenditure incurred.

Home Safety

The Authority make a contribution to the Royal Society for the Prevention of Accidents and receive information and material from that organisation. There are now four voluntary Home Safety Committees in the County—in Bedford, Biggleswade, Dunstable and Luton. The Health Department is represented on the first three by the Health Education Officer.

SECTION 29—DOMESTIC HELP SERVICE.

Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases full-time assistance is given, while in others one or two hours a day are given if that is necessary. This service meets a great social need, and by enabling great many people to remain in their own homes, reduces the pressure on hospital accommodation. A charge is made, this being based on the family income and liabilities.

New housing in some villages is causing an increased demand for home helps, particularly in maternity cases, but not always sufficiently to warrant the regular employment of home helps in these places. In general, it is possible to provide a service throughout the County but there are a few places where lack of public transport creates difficulties.

In some families, difficulties arise on account of the fecklessness of the mother. Such a mother needs instruction in housecraft, including the proper spending of whatever money is available, and a specially selected home help can do much in this direction.

At the end of the year, 30 full-time and 225 part-time Home Helps were employed, under the supervision of three Organisers. The number of cases where domestic help was provided during the year was:—

Maternity ...	...	...	...	...	...	449
Tuberculosis ...	...	...	...	...	...	11
Chronic sick (including aged and infirm)	...	...	...	...	...	1,292
Others ...	...	...	...	...	...	289
Total						2,041

In addition to the Home Help Scheme, there is a Sitters-up Scheme covering the whole County. Sitters-up may be defined as individuals who undertake to be present in the homes of other people during the night for the purpose of rendering assistance of a personal nature to individuals who through age or illness need such assistance and cannot otherwise secure it. The Scheme operates on a very small scale and at the end of the year only one sitter-up was employed.

SECTION 51—MENTAL HEALTH SERVICE

Administration

A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's mental health and mental deficiency services. There are 15 members, of whom 13 are members of the County Council and two are individuals with special knowledge of and interest in mental health. The Sub-Committee includes in its number persons who are members of Hospital Management Committees, the Local Executive Council, and the Local Medical Committee.

Meetings are held quarterly, and more frequently if necessary. Sub-Committees are appointed from time to time to deal with special matters, such as staffing appointments and the inspection of proposed new premises, and these sub-committees meet as required. In addition, the two Occupation Centres are visited monthly by two members of the Sub-Committee.

Co-ordination of the work of the Local Health and Hospital Authorities is largely achieved by the actual membership of these bodies, but much is done at officer level. There is no formal joint user of officers in the sense that financial arrangements to that end have been made, and with the Service in its present form, there is no need for such arrangements.

The Authority have not found it necessary or desirable to delegate any of their duties to voluntary associations, but use is made of convalescent facilities provided by the Mental After-Care Association, and of holiday homes supervised by the National Association for Mental Health.

Supervision of mental hospital patients on trial is not carried out by this Authority's officers except in a very few cases. On behalf of the Hospitals concerned, defectives on licence are supervised and reports are made on home circumstances for the information of the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

The staff consisted of:—

The County Medical Officer of Health.

The Deputy County Medical Officer of Health.

- 1 Senior Mental Welfare Officer—male—who is qualified as a Psychiatric Social Worker.
- 6 Mental Welfare Officers—all male—one of whom is qualified as a Psychiatric Social Worker. The Mental Welfare Officers are all Duly Authorised Officers for the purposes of the Lunacy and Mental Treatment Acts and also authorised to present Petitions under the Mental Deficiency Acts.

- 1 Home Teacher for defectives, plus one vacancy.
- 2 Occupation Centre Supervisors (trained).
- 3 Assistant Occupation Centre Supervisors (2 untrained, 1 now in training and temporary untrained substitute employed).
- 1 General Assistant.
- 1 Cook (part-time).
- 2 Caretakers (part-time).
- 3 Clerical Assistants.

Assistant Medical Officers take part in the ascertainment of mental defectives.

During the year, one of the Mental Welfare Officers (Mr. J. Marsden) completed the Refresher Course arranged by the National Association for Mental Health in conjunction with the University of Leeds. Another Mental Welfare Officer (Mr. J. Shardlow) commenced the Course during the year. The Course, which provides two periods of residential training divided by 20 weekly non-residential casework seminars, is proving very valuable, and may very well provide a prototype for the training of new entrants. Mr. Shardlow is the third officer to take the Course.

Mrs. I. King, Assistant Supervisor at the North Bedfordshire Occupation Centre, commenced a course of training with the National Association for Mental Health, in September 1959. Miss J. Green left the Service in July, on marriage.

Mental Illness.

Some account has been given elsewhere in the Report of the work done in connection with after-care and the provision of convalescent and holiday home facilities. In the general field of mental illness there were 901 referrals during the year from the following sources:—

General Practitioners	...	...	...	...	538
Relatives	...	...	...	...	135
Police	...	...	...	...	83
Three Counties Hospital	...	...	...	...	60
General Hospitals	...	...	...	...	37
Patients themselves	...	...	...	...	30
Welfare Department	...	...	...	...	22
Neighbours	...	...	...	...	18
Out-County Mental Hospitals	...	...	...	...	15
Health Visitors	...	...	...	...	13
Probation Officers	...	...	...	...	8
National Assistance Board	...	...	...	...	8
Other Health Authorities	...	...	...	...	7
Housing Departments	...	...	...	...	4
H.M. Forces After-Care	...	...	...	...	2
Other Sources (Employers, Children's Department, N.S.P.C.C., Ministry of Labour, etc.)					21

This represents an increase of approximately 6 per cent in the number of referrals over the previous year.

The reasons for referral are extremely varied. They range from the mild anxiety state with considerable insight, to the florid psychosis with complete lack of insight—from the patient who is willing, even eager to receive help in any form suggested to him to the patient who is resentful of “interference”, obstructive, or even physically violent towards any effort to help him in any way. Mental illness presents itself in many forms. It may even appear in the guise of a physical disorder, but usually it leads to referral only when the patient becomes socially ineffective—unable to carry on normal work, unable to maintain satisfactory human relationships or frankly anti-social. Table XXIV gives the sex-age distribution of referrals during 1959.

TABLE XXIV—SEX-AGE DISTRIBUTION OF PERSONS SUFFERING FROM MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1959

	Age							Totals
	Under 21	21-30	31-40	41-50	51-60	61-70	71 and over	
Males	11	78	124	87	58	35	44	437
Females	10	77	103	124	86	73	91	564
Totals	21	155	227	211	144	108	135	1,001

It will be noted that the number of referrals in respect of persons over 60 years of age, though a little lower than in previous years, is still nearly a quarter of the total. A close liaison is maintained with the Welfare Department and the General Hospitals' Geriatric Consultants in these cases and every endeavour is made to avoid certification. It is frequently said that old people should not be admitted to mental hospitals; where such a course can be avoided, this contention would be accepted. It must, however, be remembered that at present it is only in mental hospitals that there are facilities for the protection of such patients from the dangers which they create for themselves—wandering, fire, turning on gas taps, etc. Because many of them need considerable supervision, they cannot be managed in ordinary Homes provided by the Council under Part III of the National Assistance Act and others are too disturbed for admission to chronic sick hospitals. In default of a special unit for this type of case, the only possibility is admission to a mental hospital. It is to the good that active treatment in such a hospital can and frequently does lead to a remission of symptoms and the fitness of the patient to return, at least for a time, to normal life. Such return is, however, frequently rendered impossible by the relatives' inability or unwillingness to resume responsibility.

Whenever the circumstances of the referral make it possible, the social factors contributing to the breakdown are fully investigated. In a

number of cases it is possible to relieve the situation simply by adjustment in this sphere, though this frequently takes a great deal of time. Where the problem is more difficult to resolve, full use is made of referral to Psychiatric Out-Patient Clinics, and, where appropriate, Child Guidance Clinics. Only after all other possible steps have been taken, is there resort to compulsory action under the Lunacy and Mental Treatment Acts. Table XXV shows the actions taken in respect of cases referred during the year. "Other action" includes referrals for community care, admission to Welfare Homes, discharge to the care of relatives or friends, or referral to the Home for the Mentally Sick.

TABLE XXV—NUMBER OF ACTIONS TAKEN IN RESPECT OF CASES OF MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1959

Type of Action	Males	Females	Total
Short Term Admissions:—			
Temporary detention under Section 20 of the Lunacy Act, 1890 (in a designated Ward of a General Hospital)	32	31	63
Temporary detention under Section 11 of the Lunacy Act (Urgency Order—in a Mental Hospital)	23	39	62
Long Term Admissions:—			
Certification (Summary Reception Order) Sections 14 and 16 of the Act	31	54	85
Admission as Temporary patients under Section 5 of the Mental Treatment Act, 1930	6	9	15
Admission as Voluntary patients under Section 13 of the Mental Treatment Act, 1930 and informal admissions	119	140	259
Other action	282	417	699
Totals	493	690	1,183

The total figure in this Table does not coincide with that given in Table XXIV as in some cases more than one action is taken in the same case, e.g. temporary detention under Section 20 of the Act, followed by certification, admission as a voluntary or temporary patient, or discharge to some form of care in the community.

It will be noted that of the 1,183 actions taken, only 100 (8·5 per cent) were for long term compulsory detention. 259 (21·9 per cent) resulted in voluntary admission, and 699 (59·1 per cent) were for disposal other than under the Lunacy and Mental Treatment Acts. If it is borne in mind that a large proportion of patients are referred because there is an urgent need for action, the relatively small number for long-term compulsory detention seems to indicate that great care is taken by the Service to secure appropriate treatment.

Throughout the year 121 cases on the average have been under active community care at any one time. About one-third of these are long-term cases, a few of whom have been receiving support and guidance from the Service over periods extending up to five years. A further third are cases in which interpretative work is being done with patients and their families in order to educe an appreciation of the need for treatment. The remaining third receive help in resettlement after treatment or to prevent the necessity for admission or re-admission. A considerable number of other cases, while not actively in contact, were being afforded the passive support of knowing that they could at any time get in touch with an officer who knew their circumstances thoroughly.

Much of the work on this aspect of the Service is protracted and difficult, and calls for the highest casework skills. Deep-seated prejudices and fears are met and must be dealt with. The work requires an understanding of the psychological forces at work both between and within the personalities (including the Mental Welfare Officer) concerned with a situation, and an appreciation that many of those forces are working outside the consciousness of those concerned. Its aim must always be to assist the patient to find what is for him the best possible solution to his problem within the limits set by the society in which he lives.

During the year under review, the Mental Health Act, 1959, received the Royal Assent, and the Minister, under the powers conferred upon him, directed Local Health Authorities to submit proposals for the discharge of certain of the duties laid upon them.

Mental Deficiency

Under the provisions of the Mental Deficiency Act, 1913, as amended, it is the duty of the Local Health Authority, *inter alia*, to ascertain what persons in their area are defectives (to be called "subnormal and severely subnormal" under the new Act), to provide supervision for such persons (and, where necessary, to obtain hospital care for them), and to provide suitable training or occupation for defectives who are under supervision or guardianship.

The majority of mentally defective children who are ascertained are reported to the Local Health Authority by the Local Education Authority under Section 57 of the Education Act, 1944, following examination by one of the School Medical Officers. The children are subsequently re-examined by the Deputy County Medical Officer of Health, who reports on them to the Mental Health Sub-Committee, making a recommendation as to the category in which the child shall be placed, and whether he shall be placed under supervision or under guardianship or in an institution. Adult defectives and some infants are, from time to time, brought to the notice of the Local Health Authority by relatives, general practitioners, etc. During the year, 45 males and 25 females were referred as mental defectives. Of these, 31 were under 16 years of age.

At the end of the year, 472 persons were under community care as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship	12	8	20
Under Supervision—			
Statutory (i.e. confirmed defectives and found “subject to be dealt with” under the Acts)	136	70	206
Voluntary (i.e. confirmed as defectives but not “subject to be dealt with”) ...	99	85	184
On licence*	5	3	8
Totals under formal community care	252	166	418
Cases not yet confirmed as defectives but to whom friendly visits were being paid ...	24	30	54
Totals	276	196	472

two males and one female not Bedfordshire cases. In addition two male Bedfordshire cases are on licence outside the County.

At the 31st December, 1959, twenty defectives were awaiting vacancies in Mental Deficiency Hospitals. Of these, eleven were under 7 years of age and five were aged between 7 and 16 years.

There are also a number of cases in the community where the home situation is such that the illness or death of the person in charge of the defective would precipitate an urgent demand for hospital care. The situation with regard to vacancies is that once again social crises have become an important factor in determining whether a patient is to be admitted to hospital or not.

In his dealings with cases under care in the community, whether statutory, “voluntary”, “licence” or “Guardianship”, the Mental Welfare Officer endeavours to establish a good relationship with the defective, where this is possible, and the family or family substitute, e.g. the employer where the defective is in residential employment. Where such a relationship is established with an older defective, he or she can be helped to learn to manage his or her affairs, to conform to reasonable social standards and generally to be a useful member of the community.

With parents and other members of the family it is again the aim of the Mental Welfare Officer to establish a relationship within which difficulties, both factual and emotional, can be resolved. There may be serious antagonisms and feelings of guilt to be overcome. Sometimes, however, these reactions are not so straightforward. They may be subconscious or even completely unconscious. They may show themselves in the guise of over-protectiveness, neglect of other members of the family in favour of the defective, and the like. Here it is the task of the Mental Welfare Officer to bring the difficulties to the surface and assist those concerned to come to terms with and resolve them. There is, of course, a great deal of down-to-earth practical work to be done—help in finding jobs and lodgings, assisting in managing financial affairs and

generally providing an understanding yet independent, kindly but firm, stable background figure to whom the defective and his family may turn for practical or emotional support. Circumstances of actual physical neglect or ill-treatment seem largely to have disappeared, though in the few cases where they occur they are of course dealt with first.

Occupation and Training of Defectives

The purposes of Occupation Centres are two-fold, viz., (i) to provide occupation and training for the defectives, and (ii) to provide some relief to the family, particularly the mother. The first of these objects may be stated more fully as (a) to develop the defectives' physical and mental abilities as far as possible, so that their lives may be fuller and happier, and (b) with this end in view to help them to form good habits, to acquire self-control, and to develop a social sense as they learn to work and play with others. Similarly, the second purpose is more than a mere taking of the defective off the family's hands for a few hours each day. The benefit of this specific relief must not be underestimated, giving as it does time to the mother to do her shopping, cook the family's meals, etc., secure in the knowledge that the defective is being cared for. There are, however, other benefits, though less obvious. Training at the Centre aims at teaching the defective to be less demanding of attention, to be useful in small household tasks, and generally to be more socially acceptable. There is no doubt that attendance at a Centre assists the family to continue to cope with the defective and thus reduce the demand for hospital care.

The Authority provide two Occupation Centres. The South Bedfordshire Centre at Dunstable serves the Luton and Dunstable areas, and at the end of the year 30 children were in attendance. This Centre is housed in leased, adapted premises and is at the limit of its capacity, 15 defectives under and 15 over 16 years of age being in attendance. There are also in the area 10 defectives under 16 and 26 over 16 who may be suitable for a Centre but for whom no places are at present available. A new, 60-place centre, catering for adults as well as children, is under construction, and it is anticipated that the building will be ready quite soon.

The present Centre is staffed by a qualified Supervisor, an Assistant Supervisor, and a General Assistant.

The North Bedfordshire Centre is housed in a new building, providing 35 places, and situated at Kempston. Nineteen defectives under 16 and 13 defectives over 16 are in attendance. There is a qualified Supervisor and two Assistant Supervisors.

The children are conveyed to the Centres by buses and remain for a mid-day meal. At the South Bedfordshire Centre the meal is prepared on the premises by a part-time cook. At the North Bedfordshire Centre the meal is provided through the School Meals Service. The usual Centre subjects are taught.

In addition to the defectives in attendance at the Bedfordshire Occupation Centres, there are four female defectives under the guardianship of nominees of the Guardianship Society, Brighton. These attend the Society's Occupation Centres.

Home teaching cannot be regarded as a completely satisfactory substitute for attendance at an occupation centre. It fails to provide the defective with the companionship of and competition with his peers and leaves him without experience of group life. For those, however, who live in isolated rural areas, and for those with physical or emotional difficulties which preclude their attendance at a Centre, home teaching does provide some measure of training and occupation. Moreover, it helps to break down the barrier of isolation both for the defective and the family. Group teaching serves a dual purpose—by reducing travelling time and telescoping visits it enables the Home Teacher to give more time than would be possible with individual visits, and, even more important, it gives the defective experience in handling group relationships and thereby fosters social improvement.

At the 31st December, the total number of defectives under the training of the Home Teacher (Mrs. Messenger) was 35 as follows:—

Barton Group (mixed)	...	...	...	...	6
Luton Group (mixed)	...	...	...	...	14
Individual visits	...	...	...	...	15

The Barton group meets weekly on Tuesdays in the Youth Hut at Barton-le-Clay. Defectives are collected by the Home Teacher for this group from Haynes, Maulden, Shefford, Campton, Sharpenhoe and Barton.

The Luton Group meets weekly on Fridays at the Friends Meeting House. The Members of the Group are either brought in by relatives, or make their own way to the Centre. All live in Luton or Dunstable.

Among the individual visits, a number of "home groups" are formed, two (or in one case, three) defectives being brought together in the home of one of them.

There remain between 40 and 50 other (mainly adult) defectives who could benefit from Home Teaching and for whom no provision is at present made. All efforts to recruit a second Home Teacher have so far failed.

Voluntary Societies

There are in Bedfordshire two Societies for Mentally Handicapped Children—Bedford and District, and Luton—which are affiliated to the National Society for Mentally Handicapped Children. The Societies have been very active and have made notable contributions to the welfare of mentally handicapped children. They have provided apparatus for use in Occupation Centres and they have joined in organising seaside holidays for suitable defectives. They have been largely instrumental in forming Clubs in Bedford and Luton, from which the handicapped derive great pleasure and benefit.

On a less tangible plane, by providing a forum in which parents and friends can meet to exchange views and experiences, and hear talks from informed sources, the Societies are helping to relieve anxieties, to break down isolation and provide mutual support. They have also done good work in bringing the problem of mental deficiency to the notice of the public with consequent lessening of fears and prejudices.

SECTION III

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

NOTIFIABLE DISEASES

The number of cases of infectious disease varies considerably from year to year. Thus, in 1959, there were 5,772 confirmed cases of infectious and other notifiable diseases (excluding tuberculosis) notified to the District Medical Officers of Health. The corresponding figures for 1958 and 1957 were 3,220 and 5,931 respectively. Measles and Whooping Cough were mainly responsible for these fluctuations. Detailed figures of notifications have been extracted from the quarterly returns submitted by the District Medical Officers and are set out in Table XXVI.

TABLE XXVI—NUMBER OF CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN THE SANITARY DISTRICTS OF BEDFORDSHIRE, 1959

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Sandy Urban
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural	
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	4	55	88	29	4	4	4	13	17	27	31	44
Whooping Cough ...	1	21	44	6	5	4	9	6	14	46	6	13
Measles ...	154	705	566	426	9	464	243	74	264	1,262	419	94
Poliomyelitis—												
Paralytic ...	—	—	1	—	—	—	—	—	—	4	—	—
Non-Paralytic ...	—	—	2	—	—	—	—	—	—	—	—	—
Acute Encephalitis—												
Infective ...	—	—	—	1	—	—	—	—	—	—	—	—
Post-Infectious ...	—	—	—	—	—	—	—	1	—	1	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	2	4	5	7	—	1	—	2	—	5	1	2
Acute Pneumonia—												
(Primary or Infl.) ...	—	5	53	11	5	11	2	2	38	83	15	12
Typhoid Fever ...	—	—	—	—	—	—	—	—	1	—	—	—
Paratyphoid Fever ...	—	—	—	1	—	—	—	—	—	2	—	—
Dysentery ...	—	7	4	16	—	—	1	—	4	17	4	2
Food Poisoning ...	—	2	2	6	—	—	5	—	1	4	3	—
Infective Hepatitis (including Jaundice) ...	—	1	6	1	—	2	4	—	—	4	—	—
Puerperal Pyrexia ...	—	1	159	1	5	8	—	1	2	34	2	3
Ophthalmia Neonatorum	—	4	—	1	—	—	—	—	—	—	—	—
Tuberculosis—												
Respiratory ...	1	7	51	5	6	14	11	6	4	72	14	—
Meninges and C.N.S.	—	—	1	1	—	2	—	—	—	—	—	—
Other ...	1	4	6	2	—	1	—	—	—	7	—	—
TOTALS ...	163	816	988	514	34	511	279	104	346	1,568	495	170

Diphtheria

Apart from one fatal case in 1957, the circumstances of which were quite exceptional, there have been no cases of diphtheria in Bedfordshire since 1949.

Scarlet Fever

Scarlet fever is endemic and the annual number of cases fluctuates. In recent years there have been rather fewer cases and the severity of the disease is certainly less than formerly. There were 320 cases notified in 1959, compared with 180 in the previous year.

Whooping Cough

Only 175 cases of whooping cough were notified compared with 351 in 1958. As with scarlet fever there have been rather fewer cases recently and it may well be that the vaccination of children against the disease is beginning to have an effect. Whooping cough vaccination does not offer as good a protection as can be obtained against some other diseases, but it is well worth while having it done. Reference is made to the Scheme in Section II of this Report.

Measles

Like whooping cough, measles is a disease which can have serious complications and be followed by disabling after-effects. It is by far the most common notifiable infectious disease. In 1959, there were 4,680 cases notified, compared with 1,960 in 1958. There was one death.

Poliomyelitis

A brief account of the history of poliomyelitis in this country was given in the Annual Report for 1957, together with some observations on incidence and method of spread.

In Bedfordshire, during the 28 years from 1919 to 1946, there were 90 cases notified. In 1947 there were 94 cases, of whom 18 died. The annual number of cases since then is given in Table XXVII. Table XXVIII gives the age distribution of the cases that have been notified and confirmed in the past five years.

It will be seen that there were five paralytic and two non-paralytic cases confirmed in 1959. There were no deaths. Only one case had been vaccinated, a child of $2\frac{1}{2}$ years with non-paralytic poliomyelitis having had no injections.

TABLE XXVII—NUMBER OF CONFIRMED CASES OF PARALYTIC AND NON-PARALYTIC POLIOMYELITIS CONFIRMED IN BEDFORDSHIRE, 1948-59, TOGETHER WITH NUMBER OF DEATHS

		Paralytic	Non-Paralytic	Deaths
1948	...	17		7
1949	...	41		4
1950	...	28	8	2
1951	...	4	3	2
1952	...	12	7	1
1953	...	18	6	—
1954	...	11	7	—
1955	...	22	9	3
1956	...	7	9	—
1957	...	18	4	1
1958	...	22	8	6
1959	...	5	2	—

TABLE XXVIII—AGE DISTRIBUTION OF POLIOMYELITIS CASES, 1955-59

		1955		1956		1957		1958		1959	
		P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.	P.	N.P.
Under 1	...	—	—	—	—	—	—	4	—	1	—
1- 4	...	6*	2	2	—	3	2	8	2	3	1
5- 9	...	4	1	3	6	3	—	1	3	—	1
10-14	...	2	—	—	1	1	1	—	2	—	—
15-19	...	1	3	—	—	2	—	2*	—	—	—
20-29	...	4*	1	2	1	4	1	3*	—	—	—
30-39	...	5*	1	—	1	3*	—	2†	1	—	—
40-49	...	—	1	—	—	2	—	1*	—	1	—
50-59	...	—	—	—	—	—	—	1*	—	—	—
TOTALS	...	22	9	7	9	18	4	22	8	5	2

* Figure includes one death.

† Figure includes two deaths.

Dysentery

The nationwide increase in the number of cases of Sonne dysentery in recent years is disquieting. Whilst the actual illness is mild and of short duration in most cases, it is nevertheless troublesome and difficult to control. In Bedfordshire, there have been several outbreaks since 1953 but in 1959 only 55 cases were notified.

Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, "jaundice" was made compulsorily notifiable November, 1943, in the region roughly comprising East Anglia, and including Bedfordshire. The number of cases reported annually since then in the County is given in Table XXIX, together with the figures for Bedford and Luton Boroughs. It will be seen that the disease appears to occur in cycles and that the number of cases in 1959 was small.

TABLE XXIX—NUMBER OF CASES OF "JAUNDICE" IN BEDFORD AND LUTON BOROUGHES AND WHOLE COUNTY, 1944-59

Year	Whole County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3
1953	26	16	2
1954	81	9	9
1955	59	7	41
1956	223	95	101
1957	173	112	32
1958	30	9	8
1959	18	6	4

Past experience in Luton Borough suggests that only 10 per cent of cases are reported. Thus, although the disease appears to occur mainly in the Boroughs of Bedford and Luton there may well be many cases in other parts of the County of which nothing is known.

It is known that infective hepatitis is spread by close personal contact and by food and there is no doubt that scrupulous attention to personal hygiene, particularly the washing of hands before touching food, might do much to eliminate the disease.

Puerperal Pyrexia

In accordance with the Puerperal Pyrexia Regulations, 1951, any rise in temperature to 100·4°F. occurring in a woman within 28 days of childbirth is notifiable. In 1959, 216 cases were notified compared with 150 in the previous year.

TUBERCULOSIS

During the year there were 186 new cases of respiratory tuberculosis and 24 of non-respiratory tuberculosis notified to the Chest Clinics. The sex distribution of these cases and the corresponding figures for the previous ten years are given in Table XXX. In some cases, the fact that a person has tuberculosis is not known to the medical officer of health until after death, when the disease is mentioned on the death certificate. There were six such cases in 1959, five respiratory and one non-respiratory. The reasons for non-notification have been investigated.

At the 31st December, 1959, there were 2,509 cases of respiratory and 240 cases of non-respiratory tuberculosis on the Chest Clinic Registers. Table XXXI shows these cases divided into men, women and children.

The total number of attendances at the Chest Clinics during 1959 (including contacts) was 33,816, and 14,055 visits were paid to the homes of patients by the Tuberculosis Visitors. 272 home visits were made by the Chest Physicians.

TABLE XXX—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1949-59, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1949	203	147	350	21	28	49
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46
1953	197	135	332	23	26	49
1954	135	105	240	17	24	41
1955	159	106	265	18	34	52
1956	109	74	183	19	22	41
1957	120	87	207	10	17	27
1958	118	96	214	10	17	27
1959	133	53	186	10	14	24

TABLE XXXI—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1959, SUBDIVIDED INTO RESPIRATORY AND NON-RESPIRATORY CASES

	Respiratory			Non-Respiratory			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	533	412	34	17	64	9	550	476	43
Luton ...	811	623	96	41	71	38	852	694	134
TOTALS ...	1,344	1,035	130	58	135	47	1,402	1,170	177

Reference has already been made in the previous Section to the provision made by the Authority for the care and after-care of the tuberculous. From a public health view, however, preventive measures are more important. Infectious cases must be discovered as early as possible and steps taken to prevent the spread of the infection. To this particular attention is paid to the examination of contacts. Suitable contacts are offered B.C.G. vaccination.

In all cases of tuberculosis coming to light posthumously, steps are taken to examine contacts in much the same manner as when a live case is notified. Follow-up of early cases among children and others is done as a routine.

A scheme for the tuberculin testing by the Heaf method of school children with the consent of the parents was started in Bedford Borough towards the end of 1954 and in Luton Borough in 1955. The purpose was to detect active disease amongst contacts of children with positive reactions. So few positive reactors were discovered, however, that the scheme was discontinued in Luton. In Bedford in 1959 consent was obtained in 792 cases and received in respect of 667 children. Amongst the children where consent was not given were 32 who had either had B.C.G. vaccination or were under observation by the Chest Clinic. Of the children to whom consent was given, 590 were actually tested, 62 being absent from school and 15 having left the district. Only 12 were found to be positive. Of these one turned out to be a notified case, three were found to have had B.C.G. vaccination previously and the remaining eight were found to have evidence of tuberculous infection.

As a further step in the prevention and control of tuberculosis a scheme was introduced in 1957 for the giving of B.C.G. vaccination to children at 13 years of age so that they might have protection before commencing work. During the year, 2,632 children were skin tested by the Heaf method, 2,527 were present when the results were read and 2,226 were found to be tuberculin negative. Of these, 2,221 were vaccinated with B.C.G.

Of the 301 positive reactors, 10 were already known to the Chest Clinics and the remainder were referred to the Clinics for investigation. Of these 10, three failed to attend and nine were found to have tuberculous infection.

During 1959 the vaccination scheme was extended to children of 15 years and over who are still at school and also to students attending universities, technical colleges and other establishments of further education. It is hoped that this extended scheme will come into operation in 1960.

Periodic surveys are carried out in the County by one of the Regional Capital Board's Mass Radiography Units. Also, for the convenience of general practitioners, miniature film sessions are held weekly at the Chest Clinics for patients in whose case X-ray is required in order to exclude the possibility of pulmonary tuberculosis. Whenever it is desirable to do so, special investigations are carried out.

Mass Radiography

Following a suggestion by the Ministry of Health that Mass Miniature Radiography should be used in localities where sizeable groups of immigrants were living, radiography sessions for the public and industrial and other concerns were held in Bedford and some adjoining districts during the summer of 1959 by the North West Metropolitan Regional Hospital Board's Unit from St. Albans.

Altogether, 20,534 persons were X-rayed, 7,298 being members of the public. The results are set out below:—

				<i>General Public</i>	<i>Industry etc.</i>
No. X-rayed	...	...	...	7,298	13,236
Recalled for large films	...	...	...	128	215
Referred for further investigation				42	83
Found to have active tuberculosis				4	7

The following statement is taken from a report prepared by the Medical Officer of Health for Bedford:—

“... public radiography sessions were held in Bedford in July, 1959. Out of a total attendance of 6,724, only 42 coloured persons from an estimated coloured population of 700 (apart from those mentioned in the next paragraph) took advantage of the facilities, despite a special approach being made at houses let in lodgings. The Council have no information about the result of the examination of these coloured people.

“Through the co-operation of their employers, a better attendance was, however, secured from the Indians and Pakistanis working at the brickfields, many of whom were living in the town. 331 were X-rayed at the Chest Clinic and 11 cases of infectious tuberculosis were discovered. This shows an incidence of 33·2 per 1,000 as compared with a general rate for the town of 1·49 per 1,000 and an expected rate of about 2·17 per 1,000 for the country as a whole.”

In September, 1959, the Mass Miniature Radiography Unit visited Dunstable, but no information as to the results has yet been received.

VENEREAL DISEASES

The Regional Hospital Board are responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXXII gives details of the numbers of patients who attended the two clinics during the year and the numbers who were removed from the registers for various reasons.

TABLE XXXII—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS
31ST DECEMBER, 1959, TOGETHER WITH ADDITIONS AND REMOVALS
THEREFROM DURING THE YEAR

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
patients on register at January 1959	79	88	55	10	129	48	263	146
patients dealt with for time during 1959	17	10	135	21	325	133	477	164
transfers	1	—	1	—	1	—	3	—
patients restored to register during 1959	—	1	—	—	22	19	22	20
TOTAL A	97	99	191	31	477	200	765	330
cases removed from register in 1959 as:—								
cured or not confirmed	7	6	117	17	369	79	493	102
defaulted	16	9	19	2	17	22	52	33
transferred for treatment elsewhere	12	6	8	6	6	6	26	18
TOTAL B	35	21	144	25	392	107	571	153
remaining on register at December 1959 (A-B)	62	78	47	6	85	93	194	177

SECTION IV

INSPECTION AND SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1955, the County Council are the Food and Drugs Authority for the Administrative County less the Boroughs of Bedford and Luton and are responsible for enforcing those provisions of the Act designed to secure that food intended for human consumption is not so treated as to render it injurious to health; that drugs are not adulterated; that no food or drug is falsely labelled or advertised; that milk intended for sale for human consumption is not adulterated or misrepresented; and that there shall be no misuse of the designation "cream". In addition, the Council have a duty throughout the County to prohibit the sale of milk from diseased cows. All the other provisions of the Act are enforced by the district councils.

In the County area, the inspection and supervision of food as outlined above, is undertaken by the County Health Inspector, assisted by a Milk Sampling Officer. There is very close co-operation between the County Health Inspector and the public health inspectors employed by the district councils.

The Food and Drugs Act also affects the County Council in their capacity as caterers on a considerable scale. Thus the school meals service is subject to the provisions of the Act and the Food Hygiene Regulations, 1955. Supervision is undertaken by the Health Department in association with other officers concerned.

SPECIALLY DESIGNATED MILK

There are three special designations for milk—pasteurised, sterilised and tuberculin tested—and as the whole of Bedfordshire is a specified area as defined in the Food and Drugs Act, 1955, all milk sold by retail in the County must be specially designated.

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council, as a Food and Drugs Authority, are responsible for the licensing of pasteurising and sterilising plants. There were no new applications for pasteurising licences during the year. On the 31st December, 1959, two pasteurising licences were in force. There were no applications received for licences in respect of sterilising plants.

QUALITY OF MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. The law presumes, until the contrary is proved, that milk is not genuine if it contains less than 3 per cent of milk-fat or less than 8.5 per cent of milk solids other than fat. The presumptive

Standard for milk-fat is low and most milks have a much higher fat content. This is the average for all unadulterated samples taken in 1959 was 3·89 per cent, as shown in Table XXXIII. Excluding Channel Islands and South Devon Milk, the average was 3·69 per cent.

The term "Channel Islands and South Devon milk" covers any milk described as Channel Islands, Jersey, Guernsey or South Devon which comes from cows of the breed specified. Under the Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956, it is an offence to sell, for human consumption, any milk so described unless it contains at least 4 per cent of milk-fat. Table XXXIII shows the monthly fat content of samples of Channel Islands and South Devon milk taken during 1959.

Altogether 258 samples of milk were taken, of which 12 were abnormal. In four cases the milk contained extraneous water. In one case the sample was deficient in solids-not-fat and in the remaining cases the samples were deficient in fat only. Appropriate action was taken.

TABLE XXXIII—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1959

	Channel Islands and South Devon Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ...	5	4·62	16	3·52	21	3·78
February ...	4	4·64	22	3·59	26	3·75
March ...	7	4·69	13	3·66	20	4·02
April ...	9	4·33	19	3·53	28	3·79
May ...	4	4·26	15	3·58	19	3·73
June ...	7	4·42	19	3·55	26	3·79
July ...	6	4·26	11	3·67	17	3·88
August ...	2	4·38	9	3·61	11	3·84
September ...	7	4·65	27	4·10	34	4·21
October ...	4	4·57	14	3·54	18	3·77
November ...	3	4·78	5	4·07	8	4·34
December ...	5	4·34	13	3·88	18	4·01
TOTALS ...	63	4·49	183	3·69	246	3·89

EXAMINATION OF PASTEURISED MILK

To determine the efficiency of pasteurisation and the keeping quality of milk, samples are examined regularly from retailers supplying milk to the 154 maintained schools in the County (excluding Bedford and Luton) and from pasteurising plants. During the year, 201 routine samples from schools were taken, all of which were satisfactory. Of 70 routine samples from pasteurising plants only one was unsatisfactory. A further sample was taken which was satisfactory.

BIOLOGICAL EXAMINATION OF MILK

The past fifteen years in this country have seen a tremendous intensification in the efforts to eradicate tuberculosis in cattle so as to remove an important source of infection, particularly of children.

Success was achieved in Bedfordshire in 1959. The Minister of Agriculture, Fisheries and Food made an order declaring the County to be an Eradication Area with effect from the 1st March. This meant that he was satisfied that a substantial majority of the cattle in the County were free from tuberculosis. By the 1st October, 1959, he was satisfied that the disease was practically non-existent and the County became an Attested Area.

There is always a possibility of tuberculosis re-appearing in a Tuberculin-Tested herd and to guard against this, the Ministry's veterinary officers undertake periodical inspections. In addition, the County Milk Sampling Officer will continue to take samples from the herds of producer-retailers. In 1959 there were still a few non-designated herds and samples were also taken from these. Altogether 94 samples of milk were taken and tested by Guinea Pig inoculation. All were found to be satisfactory.

ICE-CREAM

The growing popularity of ice-cream, which is now in demand all the year round, made it desirable that certain standards should be laid down nationally both as to purity and wholesomeness.

Prior to the 27th April, 1959, the law stated that ice-cream must contain not less than 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat. On that date the Food Standards (Ice-Cream) Regulations, 1959, came into operation. The principal changes are:—

1. The minimum standard of 10 per cent sugar is replaced by a requirement that no artificial sweetener shall be used.
2. Dairy Ice-Cream, Dairy Cream Ice and Cream Ice shall not contain any fat other than milk fat.
3. Milk Ice shall contain not less than $2\frac{1}{2}$ per cent milk fat and no other fat and not less than 7 per cent milk solids other than fat.

At the same time the Labelling of Food (Amendment) Regulations 1959 came into operation and made it an offence to label or advertise ice-cream in a way suggestive of butter, cream, milk or anything connected with the dairy interest, unless it contained no fat other than milk fat. From the 1st December, 1959, it became an offence to sell under the description "ice-cream" any pre-packed ice-cream which contains fat other than milk fat unless that fact is clearly stated on the wrapper or container.

During 1959, 25 samples of ice-cream and seven of dairy ice-cream were taken and were found to be satisfactory. It is of interest to record that the fat content of the 32 samples ranged from 9.1 per cent to 25.0 per cent, with an average of 12.6 per cent.

During the year, 35 samples of ice-cream were presented to the Public Health Laboratory Service for bacteriological examination. They were graded as follows:—

Grade 1	...	...	...	...	...	...	29
Grade 2	...	...	...	...	...	...	6
Grade 3	...	...	...	...	...	...	—
Grade 4	...	...	...	...	...	...	—

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 would be regarded as unsatisfactory.

SAMPLES OTHER THAN MILK AND ICE-CREAM

173 formal and 58 informal samples of food and drugs, other than milk and ice-cream, were taken during the year. Of these six formal and five informal samples were adulterated, particulars of which are given in Table XXXIV.

In addition to routine sampling, complaints by members of the public were investigated and proceedings instituted where necessary. In one case in 1959, an adhesive bandage was found in a packet of butter and the shopkeeper was fined £5. Proceedings were taken against two dairies in respect of dirty bottles and a warning letter was sent to a third dairy who supplied a bottle of milk containing small fragments of glass. A tin of tinned luncheon meat was found to contain maggots. The entire stock was withdrawn and the facts reported to the Ministry of Agriculture, Fisheries and Food.

TABLE XXXIV—DETAILS OF ADULTERATED SAMPLES OF FOOD, WITH ACTION TAKEN, 1959

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Sausages, beef ...	1426 (Informal)	200 parts of sulphur dioxide per million	Formal sample taken. See No. 635
Sausages, beef ...	635	210 parts of sulphur dioxide per million	Warning letter sent
Sausages, pork ...	636	230 parts of sulphur dioxide per million	
Tincture of Iodine	1455 (Informal)	Simple solution of Iodine. (B.P. Codex 1954)	Formal sample taken which was satisfactory
Sausages, pork ...	665 (Informal)	245 parts of sulphur dioxide per million	Formal sample taken which was satisfactory
Sausages, pork ...	680	240 parts of sulphur dioxide per million	Verbal warning given
Sausages, pork ...	731 (Informal)	285 parts of sulphur dioxide per million	Formal sample taken which was satisfactory
Sausages, pork	753 (Informal)	250 parts of sulphur dioxide per million	Formal sample taken. See No. 774
Sausages, pork ...	774	230 parts of sulphur dioxide per million	Warning letter sent
Sausages, pork ...	777	240 parts of sulphur dioxide per million	Warning letter sent
Ground almonds	786	Almond shell present	Entire stock withdrawn

MERCHANDISE MARKS ACTS

486 routine visits were made to premises and samples were taken where necessary. Twelve of these proved to be unsatisfactory. Proceedings were instituted in one case and the defendant was fined £2. One warning letter was sent and in the remaining ten cases verbal warnings were given.

WASTE FOODS

Waste Foods may, if not boiled for one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order 1957, makes it necessary for substantial collectors of waste foods to obtain a licence imposing on them an obligation to use an approved boiling plant which would be periodically inspected.

The licensing authorities in Bedfordshire are the Bedford and Luton Borough Councils, and the County Council for the remainder of the county. The County Health Inspector and the Sampling Officer have been authorised to act on behalf of the County Council for the purpose of inspecting plant and equipment. The number of licences in force at the 1st December, 1959 was 46, an increase of six over the previous year. All the premises were inspected during the year. Two warnings were given in respect of the transportation of waste food in open containers in contravention of the regulations.



SECTION V



MISCELLANEOUS

HANDICAPPED PERSONS

Blind Persons

The Welfare Committee of the County Council are responsible under the National Assistance Act, 1948, for the welfare of Blind Persons and they exercise their powers through the North and South Bedfordshire Societies for the Welfare of the Blind.

During 1959 there was a net increase of 28 in the number of *Blind Persons* registered in the County. At the beginning of the year the number was 698. New cases during the year numbered 83 and there were 19 inward transfers. 56 persons died, 12 left the district and six were removed from the registers as no longer blind, leaving 726 persons on the registers at the 31st December, 1959.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. The information contained in these forms for persons registered during 1959 is analysed in Table XXXV. The cause of blindness was cataract in 18 cases, glaucoma in six cases, diabetes in four cases and senile macular degeneration in 18 cases. The remaining 37 persons had a variety of other conditions.

Every effort is made to see that persons who would benefit from treatment receive it. Of the 10 persons for whom operation was recommended in 1959, three have received treatment, six are waiting and one has died. Six persons registered as blind in previous years were successfully operated on during 1959, as were five partially-sighted persons.

In some cases, although surgical treatment might remedy the blindness, the person's general condition makes an operation inadvisable. Of the cases in which treatment was not recommended, 11 had previously been treated unsuccessfully. In most of the other cases the blindness is irremediable.

Of the total of 83 persons registered, 58 were aged 70 years or over. Reference to Table XXXVI shows that of the 726 registered blind persons in the County at the end of the year, 430 or 59.2 per cent were aged 70 years or over. Whilst the increasing number of aged in the general population is reflected in the number of aged blind, old age by itself does not cause blindness and it may be that there is an accumulation of cases of blindness due to causes that are more susceptible to treatment at an earlier age. Table XXXVII divides the number of blind persons according to the age at onset of blindness and from that it will be seen that of 689 persons where the age at onset is known, in 75 cases it was 0-4 years and in a further 158 cases, 5-49 years. 70 years or over was given as the age at onset in 283 cases, i.e. 41.1 per cent.

A great many of the persons registered as blind give no history of any previous treatment for their eye condition. In some cases, of course, advice is not sought until the sight has almost failed. In the case of glaucoma, for instance, one eye sometimes becomes completely blind without the patient realising it and he only becomes aware of the fact when the other

TABLE XXXV—BLIND PERSONS REGISTERED IN BEDFORDSHIRE DURING 1959

75

	Cause of Disability					
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other
No. of cases in which no treatment recommended ...	6	4	—	3	18	30
Total						61
No. of cases in which treatment recommended:						
(i) Medical ...	1	2	—	1	—	4
(ii) Surgical ...	9	—	—	—	—	1
(iii) Optical ...	2	—	—	—	—	2
Total						8 10 4
No. of cases who received treatment:						
(i) Medical ...	1	2	—	1	—	4
(ii) Surgical ...	2	—	—	—	—	—
(iii) Optical ...	2	—	—	—	—	2
Total						8 2 4

TABLE XXXVI—AGE DISTRIBUTION OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1959

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Total
Males	4	7	16	21	31	36	54	131	300
Females	—	6	7	12	11	24	67	299	426
TOTALS	4	13	23	33	42	60	121	430	726

TABLE XXXVII—NUMBER OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1959, SUBDIVIDED ACCORDING TO THE AGE AT ONSET OF BLINDNESS

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Unknown	Total
Males	40	6	29	30	25	24	27	101	18	300
Females	35	13	12	18	25	47	75	182	19	426
TOTALS	75	19	41	48	50	71	102	283	37	726

becomes seriously affected. The incidence of blindness could undoubtedly be reduced and the following points taken from a Ministry of Health memorandum indicate ways in which this could be done:—

1. Prompt attention should be given to any child who squints. No child is too young for the modern methods of treatment, the aim of which is not merely to get the eye straight but seeing and functioning in binocular vision.
2. The old teaching that no operation can be done until a cataract is "ripe" is no longer valid and modern methods of surgery enable the cataract to be removed, as soon as vision is seriously reduced. Every effort should be made, therefore, to ensure diagnosis at the earliest possible moment.
3. All doubtful cases of visual disability, however vague and indeterminate, should be referred for expert ophthalmological opinion.
4. All myopic children should be kept under supervision.
5. Industrial workers engaged in processes where there are hazards to the eyes (e.g. welding and grinding) should always use goggles or other protection provided.

With regard to the *Partially Sighted*, the number on the register at 31st December, 1959, was 130. During the year, 39 new cases and three inward transfers were added to the register. Twenty-two persons were removed from the register, 12 having died.

Five infants were notified as suffering from *Ophthalmia Neonatorum* during the year. All made a complete recovery.

Epileptics

The term epilepsy has come to include a group of conditions in which there exists a persistent liability to episodic seizures. Such seizures may be associated with a demonstrable and perhaps remediable lesion in the brain or with a toxic state—so-called "symptomatic" epilepsy. Commonly, however, there is no demonstrable organic brain lesion or toxic state and the epilepsy is termed "idiopathic" or "cryptogenic". As medical knowledge in this field makes further progress it is likely that there will be a continued transfer of cases from the idiopathic group to that of symptomatic epilepsy.

The majority of epileptics suffer only occasional attacks which can be well controlled by appropriate treatment and they live a practically normal life. In more severe cases, especially those which are not completely controlled by drugs, the individual may have difficulty in finding or keeping suitable employment. The attitude of relatives, employers and friends is all-important. On the one hand it may be over-protective and on the other may be hostile and drive the epileptic into a sense of ostracism and frustration.

The number of epileptics is not known. The Cohen report on "Medical Care of Epileptics" quoted an incidence of four cases per 1,000 of the population. This would suggest a total for Bedfordshire in the region of 1,400.

In fact, the number of known cases is very small. Such information as there is concerning *adults* derives from the Disablement Resettlement Officer Service, from the Mental Health Service of the Local Health Authority, from applications for Driving Licences received by the Local Taxation Department, and from the Welfare Authority. Thus at the 20th April, 1959, 98 epileptics were registered under the Disabled Persons (Employment) Act, 1944, and at the 31st December, 1959, the Mental Health Service had knowledge of 53 mental defectives who were also epileptic. In addition, during the year, 14 epileptics were referred for action under the Lunacy and Mental Treatment Acts. Of these, two showed major personality difficulties or violent or dangerous propensities. All suitable patients are referred to the Disablement Resettlement Officer of the Ministry of Labour. The Welfare Authority at present have five epileptics in their residential homes and maintain a further 15 in residential accommodation provided by voluntary organisations.

With regard to *children* a fairly reliable picture can be presented, because children who suffer from epilepsy are ascertained at as early an age as possible so that education suited to their disability may be provided. No child is labelled as an epileptic without a period of observation and in doubtful cases the help of the diagnostic department of the hospital service is sought.

Epileptic children are assessed at school-leaving age with particular regard to the severity of the disability and the possibility of employment. At this stage there is close co-operation with the Youth Employment Service and the Welfare Department.

At the end of the year there were, in Bedfordshire, 12 epileptic schoolchildren ascertained as requiring special educational treatment: four were attending boarding schools, one was attending an independent day school, and seven who were educationally retarded were attending a day special school for E.S.N. pupils. In addition, there were four children who were ascertained as ineducable. A further 56 children known to have suffered from fits of an epileptiform type were attending ordinary schools, but in many cases no fits have occurred for at least two years.

Cerebral Palsy

As in the case of epileptics, little information is available as to the incidence of cerebral palsy in *adults*. One difficulty is that registers of Disabled Persons and Handicapped Persons (General Classes) do not, except in the case of epilepsy, sufficiently distinguish the organic nervous diseases included in Class V. Table XXXVIII which follows illustrates the point. Some of the 166 individuals, other than epileptics, in Group V are undoubtedly cases of cerebral palsy, but the number is not known. It is not expected, however, that it will be large.

TABLE XXXVIII—PERSONS IN BEDFORDSHIRE REGISTERED UNDER THE
HANDICAPPED PERSONS (EMPLOYMENT) ACT, 1944, AT THE 20TH APRIL, 1959

Type of Case	North Bedfordshire	South Bedfordshire	Total
Classes	1,492	2,992	4,484
Epileptics	36	62	98
Persons in Group V*	59	101	160

* Disseminated sclerosis, cerebral thrombosis, sciatica, etc.

More detailed information about adults will be available in due course, but reasonably reliable information regarding cases of cerebral palsy included in the substantially and permanently handicapped group will be available when registration has been completed by the Welfare Committee. At present 31 persons have been registered as being of the spastic variety of cerebral palsy.

In the meantime, facilities, including occupational therapy, provided by the Local Health Authority are available and are being used. At the present time four patients with cerebral palsy are receiving instruction from the Occupational Therapists who are equally available for Health Committee and Welfare Committee work.

More information is available regarding the incidence of cerebral palsy in *children*. This is a matter which has excited national interest and sympathy, and much has been done within the last few years to educate the public in the true nature of the disability, and to point out the needs of such children. At the 31st December, 1959, 86 children under the age of 16 were known to be suffering from cerebral palsy.

The number of children of compulsory school age is 76. Eight of these, however, have mental retardation to such an extent as to be ineducable. The position as regards education of the remaining 68 is as follows:—

- 42 attend the appropriate ordinary school (transport being specially provided for some cases);
- 3 attend day special schools;
- 8 attend residential special schools;
- 3 are in hospital special schools;
- 6 receive home tuition;
- 6 are waiting for arrangements to be made.

NURSING HOMES

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of Nursing Homes. Their powers and duties are, however, delegated to the Luton Borough Council in respect of premises in that Borough. In the remainder of the County there were, at the 31st December, 1959, eight Homes registered. These provided accommodation for 84 patients other than maternity cases. Routine inspections were carried out during the year and the homes were found to be satisfactory.

NURSES AGENCIES

The County Council, as the Licensing Authority under the Nurses Agencies Act, 1957, have delegated their functions to the Luton Corporation in respect of that Borough. At the present time there is only one such Agency in the County.

THE CIVIL DEFENCE AMBULANCE AND CASUALTY COLLECTING SECTION

The Ambulance and Casualty Collecting Section of the Civil Defence Corps in Bedfordshire has the County Medical Officer as its Head, and he is responsible for the organisation of the Section and the training of volunteers as laid down by the Ministry of Health.

Although Luton is a separate Corps Authority they were not made responsible for the organisation of the Ambulance Section. It was agreed, however, that the Medical Officer of Health for Luton in his capacity as Divisional Medical Officer should be responsible for the training of volunteers after they had been recruited by the Civil Defence Officer.

In order to provide the necessary training certain members of the County Ambulance Service undertook an Instructors' Course and became qualified to train volunteers in accordance with the syllabus laid down by the Home Office. The County Ambulance Superintendent plays an important part in the organisation of the Section and training of volunteers and is the liaison officer between the Head of the Section and the volunteers.

SWIMMING BATHS

There are ten swimming baths in the County that are approved for the use of schoolchildren; of these, three are in Bedford Borough and two are in Luton Borough. Samples of the water are taken, in the two Boroughs by the local public health inspectors and in the remainder of the County by the County Health Inspector. Altogether, the latter took 24 samples. One bath in the County area frequented by 1,000 children a week was known to have a bad record and was visited regularly. Several unsatisfactory samples were obtained. Recommendations were made for a proper chlorination and filtration plant, the installation of flush sanitation and, as an immediate remedy, the frequent changing of the water.

Four other baths in neighbouring Counties are also used by Bedfordshire schoolchildren. Samples are taken by the local public health authorities and copies of the reports are supplied to the County Health Department.

APPENDIX

MENTAL HEALTH ACT, 1959.

Proposals for the provision of Mental Health Services under Section 28 of the National Health Service Act, 1946.

1. Introduction.

These proposals are divided into two parts, A and B, of which Part A is a statement of the services which are already being provided. This statement is not part of the submitted proposals. It is, therefore, excluded from the scope of consultation with, or recommendations by, the bodies mentioned in Section 20(2) of the National Health Service Act, 1946 upon which copies of the formal proposals are required to be served. Part B consists of the Local Health Authority's new proposals which are submitted for the Minister's approval under Section 20 of the Act of 1946, and contain a description of their plans for the period up to April, 1963.

These proposals replace all existing proposals approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, or the after-care of such persons under Section 28 of the National Health Service Act.

Existing proposals for carrying out duties under the Lunacy and Mental Treatment Acts 1890-1930 and the Mental Deficiency Acts, 1913-1938 will continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959. The proposals relating to duties under these Acts will then be replaced by the proposals set out below.

The Authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them.

2. Organisation and Staff of the Service.

A. A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's Mental Health and Mental Deficiency Services.

The Service is under the direction of the County Medical Officer and the Deputy County Medical Officer undertakes the examination of subnormal and severely subnormal patients with a view to ascertaining the most satisfactory method of providing training and supervision. The Senior Mental Welfare Officer (who is a Psychiatric Social Worker) is in day-to-day charge of the Service and there are six Mental Welfare Officers (all male), one of whom is also a Psychiatric Social Worker. The Mental Welfare Officers are employed solely in the field of mental health, including statutory duties under the Lunacy, Mental Treatment and Mental Deficiency Acts. There is a supporting clerical staff.

The training for which the Authority have assumed financial responsibility is of four kinds: (a) University, for the Psychiatric Social Worker nurse; (b) University—National Association for Mental Health Refresher courses; (c) National Association for Mental Health for Occupation Centre Staff; and (d) In-service training for Mental Welfare Officers.

Links with hospitals are maintained by cross representation on committees, and frequent personal contact between officers. There are joint Committees and no joint appointments, but consultations take place as and when required. Expert advice is always readily obtainable from Psychiatrists and the Local Authority Mental Welfare Officer team visits hospitals, particularly in the case of subnormal persons. With regard to general practitioners, the Chairman and one other member of the Local Medical Committee are members of the Health Committee, and the Deputy Medical Officer is a member of the Local Medical Committee and the Local Executive Council.

The services of the Brighton Guardianship Society and the Mental After-Care Association are called upon as necessary, and a close liaison is maintained with the two local branches of the National Society for Mentally Handicapped Children.

B. The Authority will increase the personnel employed in their Mental Health Service and in particular, will appoint a sufficient number of officers to act as Mental Welfare Officers under the Mental Health Act, 1959.

The matter of training will be kept constantly under review. It is anticipated that the Authority will continue to use the means set out above and any other appropriate means.

The links with hospitals will be strengthened by the understanding which now exists that the professional staffs of hospitals on the one hand and the Local Authority on the other will be available for mutual assistance. Formal arrangements to this end should at some time be necessary they will be made.

In order further to strengthen the links between the hospital, general practitioner and Local Authority Service, endeavours will be made to see that there is always representation of all these services on appropriate committees. There will at first be regular meetings of the professional personnel concerned. If at any time the need for a Standing or an *ad hoc* Joint Committee becomes evident, appropriate steps will be taken.

The Authority will make whatever arrangements are or become necessary with voluntary bodies and other authorities, and will give such financial aid to voluntary associations as may be justifiable.

Services to be provided.

The Authority will carry out their duties under Section 28 of the National Health Service Act, 1946 in accordance with the following provisions:—

4. Junior Training Centres.

A. The Authority provide at present two Centres (both non-residential) both providing for all ages. Places are available as follows:—

North Bedfordshire: 35—20 occupied by under 16's.

South Bedfordshire: 30—20 occupied by under 16's.

A new South Bedfordshire Centre is now in an advanced state of construction and will replace the present Centre. Capacity: 30 under 16's; 15 older males; 15 older females.

At the North Bedfordshire Centre meals are provided through the School Meals Service. At the South Bedfordshire Centre meals are cooked on the premises. At the new Centre, School Meals will be provided.

Both Centres are staffed by a Supervisor (qualified), with unqualified assistants.

Transport to and from the Centres is provided. Regular visits are paid by the Deputy County Medical Officer.

There is an arrangement with the Brighton Guardianship Society for the attendance at their Centre of a number of Bedfordshire persons who are under the guardianship of the Society's nominees.

B. In addition to the existing arrangements additional accommodation for juveniles will be provided as a result of the projects mentioned in 4A above and 5B below. Within eighteen months places will be available for all suitable juniors in the two large urban areas of the County.

Arrangements for regular dental and medical inspection will be made.

The need for junior training centres will be kept under review.

5. Adult Training Centres.

A. The two Centres mentioned above accommodate some adults, who have grown up in the Centre. Fourteen subnormals and severely sub-normals of 16 years or over attend the North Bedfordshire Centre. Ten attend the South Bedfordshire Centre. For males, there are handicrafts—stool-seating, rug-making, basketry, etc. For females, in addition to needlework, there is a small measure of domestic training—washing, ironing, sewing and cooking.

B. The Authority will provide an adult training centre for males in the grounds of the present Centre in North Bedfordshire. The new South Bedfordshire Centre will also provide fifteen places for adult males. Initially adult females will receive appropriate training in the junior portions of the two Centres.

Suitable arrangements will be made for the provision of transport.

The Authority's plans are expected to provide, within the next eighteen months, places for all suitable cases in the two large urban areas of the County. The situation will be reviewed as necessary and additional provision made if the need arises.

Residential Accommodation.

- A. No residential accommodation is provided at present.
- B. The Authority will provide in the first instance two Residential Homes for the elderly mentally infirm. The needs of this class, together with the need for residential homes associated with junior and adult Training Centres and for residential homes, both short-term and long-term, for the mentally disordered of all classes, will be kept under review. The provision made either directly or by arrangements with other authorities or bodies or otherwise if a need arises.

Home Teaching.

- A. There is an establishment for two Home Teachers, but one vacancy has remained unfilled for nearly two years in spite of efforts to recruit. Thirty-five persons (subnormal and severely subnormal) are under instruction as follows:—

Ages—17 under 16; 18 aged 16 years or over.

Groupings—2 Groups (full-day) comprising respectively 15 and 6.

3 "Home" Groups (2 hours) of 3, 2 and 2.

7 Individual visits.

The full-day Groups meet in hired halls.

- B. The Authority will increase their establishment of Home Teachers to meet the needs of rural areas, pending the provision of what-ever Training Centre facilities may be found necessary.

Day Centres, Social Clubs and Other Activities.

- A. The Authority have no arrangements of any kind for these activities. There are, however, two "Clubs for the Handicapped", funded almost wholly by the mentally handicapped, organised by independent voluntary Committees (one in Bedford and one in Luton), who are supported by the Bedford and District and the Luton Societies for Mentally Handicapped Children. The Authority associate themselves with the activities of these two Societies.

- B. The Authority will, where necessary, establish or encourage the establishment of social clubs for the mentally disordered in the community. They will also consider the desirability of establishing Day Centres in conjunction with the proposed Residential Homes for the elderly mentally infirm.

Home Visiting Service.

- A. Care and after-care in the patient's home are provided by Mental Welfare Officers who work with general practitioners and a number of social agencies. A small amount of after-care is done at the request of the mental hospital.

B. The Authority will increase the establishment of Mental Welfare Officers. They will endeavour to improve co-operation with the hospitals and other social agencies to a point where the needs of all classes of mentally disordered can be adequately met, and to improve the service available to general practitioners.

The establishment needs of the Home Visiting service will be kept under review.

10. Guardianship.

A. There are twenty cases under Guardianship under the Mental Deficiency Acts. All are 16 years of age or over. Ten are in the County and all these are under the Guardianship of relatives. Ten are under the Guardianship of nominees of the Brighton Guardianship Society.

B. The Authority will exercise their functions under the Mental Health Act, 1959 in respect of persons placed under guardianship, whether under that of the Authority or of other persons.

11. Ancillary Services.

The Authority will provide such ancillary services, e.g. recuperative holidays, as appear necessary from time to time.